

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration**

**Maternal and Child Health Bureau
Division of Child, Adolescent and Family Health**

*National Support for Title V/Maternal and Child Health
Oral Health Services Grant Program*

Announcement Type: New and Competing Continuation

Announcement Number: HRSA-12-059

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FUNDING OPPORTUNITY ANNOUNCEMENT

Fiscal Year 2012

Application Due Date: May 8, 2012

*Ensure your Grants.gov registration and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration may take up to one month to complete.*

Release Date: April 5, 2012

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Authority: Social Security Act, Title V, §501(a)(2-3), (42 U.S.C. 701(a)(2-3)), as amended.

Executive Summary

The purpose of this Maternal and Child Health Bureau (MCHB) Federally-funded project is to provide funds for the *National Support for Title V/Maternal and Child Health (MCH) Oral Health Services (MCHOHS) Grant Program*. The goal of this ongoing national effort is to help in the development of effective strategies aimed at improving maternal and child oral health status. The MCHOHS grant program will provide support to health professionals, program administrators, educators, policymakers, researchers, and others who seek to address current and emerging public oral health issues in their efforts to achieve sustainable oral health services for the MCH population (defined as women, infants, children, adolescents, including those with special health care needs, and their families). Such efforts will augment and/or stabilize oral health services within Title V programs as well as other State, community and local safety-net programs serving the oral health needs of the MCH population, including but not limited to those focused on perinatal services, newborn home-visiting efforts, and school-based health centers (SBHCs).

It is recognized that the earliest interventions are needed to prevent oral disease and are a necessary part of the medical/dental interface for at risk women and early childhood populations, including pregnant women and school-aged children. Strategies that incorporate improved access to systems of care offering comprehensive health/oral health care services to these population groups will be essential. As such, the MCHOHS grant program represents a continuing national effort to provide timely, relevant, and useful oral health information and materials of value to those working to improve oral health services for the MCH population, within the context of the family and the community. The MCHOHS grant recipient will, at a minimum: develop and secure reputable information about MCH oral health programs and initiatives; maintain an archive for MCHB-funded oral health projects; disseminate materials through print and electronic media for use by consumers and health professionals; facilitate communication among oral health officials and consultants; provide support and raise awareness of oral health services to States, communities, and MCH-related organizations; and collaborate with other Health Resources and Service Administration (HRSA) oral health programs and relevant organizations, such as government agencies, policy and research centers, professional associations, voluntary organizations, and institutions of higher learning.

In support of two emerging MCH population-based oral health initiatives, the MCHOHS grant recipient will also:

1. Foster an active, synergistic collaborative among the MCHB-funded School-Based Comprehensive Oral Health Services (SBCOHS) grant recipients for the purpose of identifying key determinants of best practice approaches among various safety-net service delivery models.
2. Continue efforts to identify strategies and opportunities for (1) engaging health professionals in promoting the national recommendations in education and in practice and (2) helping consumers understand and follow the recommendations.

Due to the specific focus of this overall effort, the applicant will need to demonstrate a thorough knowledge and understanding of the subject matter, including MCH population-based services and the various safety-net programs that provide oral health care.

- **Approximate Amount of Funding to be Awarded:**
One grant will be awarded, totaling \$600,000 per year for each year of a 5-year project period (to include no more than \$200,000 per year in support of the MCH population-based initiatives, i.e., the SBCOHS collaborative and national consensus for perinatal oral health guideline dissemination and implementation).
- **Eligibility:**
As cited in 42 CFR Part 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450(b), including a faith-based or community-based organization, is eligible to apply for this Federal funding.
- Cost sharing does not apply to this grant competition.

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I. Funding Opportunity Description

1. Purpose

The purpose of this Maternal and Child Health Bureau (MCHB) Federally-funded project is to provide funds for the *National Support for Title V/ Maternal and Child Health (MCH) Oral Health Services (MCHOHS) Grant Program*. The goal of this ongoing national effort is to help in the development of effective strategies aimed at improving maternal and child oral health status. The MCHOHS grant program will provide support to health professionals, program administrators, educators, policymakers, researchers, and others who seek to address current and emerging public oral health issues in their efforts to achieve sustainable oral health services for the MCH population (defined as women, infants, children, adolescents, including those with special health care needs, and their families). Such efforts will augment and/or stabilize oral health services within Title V programs as well as other State, community and local safety-net programs serving the oral health needs of the MCH population, including but not limited to those focused on perinatal services, newborn home-visiting efforts, and school-based health centers (SBHCs).

It is recognized that the earliest interventions are needed to prevent oral disease and are a necessary part of the medical/dental interface for at risk women and early childhood populations, including pregnant women and school-aged children. Strategies that incorporate improved access to systems of care offering comprehensive health/oral health care services to these population groups will be essential. As such, the MCHOHS grant program represents a continuing national effort to provide timely, relevant, and useful oral health information and materials of value to those working to improve oral health services for the MCH population, within the context of the family and the community. The MCHOHS grant recipient will, at a minimum: develop and secure reputable information about MCH oral health programs and initiatives; maintain an archive for MCHB-funded oral health projects; disseminate materials through print and electronic media for use by consumers and health professionals; facilitate communication among oral health officials and consultants; provide support and raise awareness of oral health services to States, communities, and MCH-related organizations; and collaborate with other Health Resources and Service Administration (HRSA) oral health programs and relevant organizations, such as government agencies, policy and research centers, professional associations, voluntary organizations, and institutions of higher learning.

In support of two emerging MCH population-based oral health initiatives, the MCHOHS grant recipient will also:

1. Foster an active, synergistic collaborative among the MCHB-funded School-Based Comprehensive Oral Health Services (SBCOHS) grant recipients for the purpose of identifying key determinants of best practice approaches among various safety-net service delivery models.
2. Continue efforts to identify strategies and opportunities for (1) engaging health professionals in promoting the national recommendations in education and in practice and (2) helping consumers understand and follow the recommendations.

The overall intent of the MCHOHS grant program is to assist MCHB's efforts to increase awareness and enhance the quality of oral health services for pregnant women, infants, and

children by serving as a comprehensive source of information, sharing promising models and best practice approaches and assisting in the development of Title V and other MCHB program initiatives for the prevention and control of oral diseases within the MCH population.

Minimum grant program requirements are:

1. Maintain and enhance a comprehensive, up-to-date MCH oral health reference collection (library) of hard and/or electronic MCH oral health-related materials (e.g., standards, guidelines, curricula, conference proceedings, policies, reports), including but not limited to products produced by MCHB-funded oral health projects. At a minimum, activities will include:
 - a. Research, develop, and disseminate materials such as fact sheets, tip sheets, policy briefs, resource bulletins, resource guides and curricula in print and electronic formats.
 - b. Maintain a mechanism to ensure regular coordination for purposes of receiving and disseminating information from MCHB, MCHB-funded oral health projects, and oral health-related organizations, including government agencies, policy and resource centers, professional organizations, voluntary organizations, foundations, and others regarding future materials and ways to effectively and efficiently share materials.
 - c. Respond to requests for information and guidance from both professionals and consumers; such information sharing should include current and emerging knowledge and practice in support of oral health disease prevention and early intervention measures for the MCH population.
2. Maintain a comprehensive Web site to provide access to up-to-date materials and links to organizations for the purpose of enhancing knowledge relevant to MCH oral health services. Include and maintain a MCHB-Funded Projects page that offers a site for descriptions about MCHB-funded oral health projects, project management tools, and products produced by current MCHB-funded oral health projects.
3. Maintain and enhance a comprehensive information sharing system for the communication exchange and promotion of available resources. At a minimum, activities will include:
 - a. Maintain an ongoing forum (electronic discussion list) for communication between the Centers for Medicare and Medicaid Services; HRSA's Federal, regional and State oral health officials; regional dental consultants; and community oral health program providers.
 - b. Maintain an ongoing forum (electronic discussion list) for communication with MCHB-funded oral health projects, including project officer communications.
4. Build and maintain collaborative relationships, partnering with national organizations (i.e., Association of Maternal and Child Health Programs), to raise professionals' awareness about the oral health status of the MCH population, oral health prevention and early intervention measures, the services available through this effort, and other MCHB-funded oral health projects. These efforts will include outreach to and networking with other HRSA efforts to optimize the capacity of all oral health safety-net programs to improve access to quality oral health care for the MCH population.

5. Coordinate a MCHB SBCOHS grantee collaborative that will allow networking throughout their remaining project period as they implement the integration and coordination of oral health services, including education, prevention and restorative care, into existing school-based health centers. Program requirements, at a minimum, will include:
 - a. Program support to SBCOHS grantees through collaborative networking, including interactive methods, such as web teleconferences, for the purpose of assessment/reassessment of planned strategies relevant to: 1) strategic infrastructure and policy development; 2) program design and implementation; 3) quality assurance and continuous improvement; and 4) sustainability efforts.
 - b. Develop and disseminate a tool-kit, or like product that highlights evidenced-based strategies for integration of comprehensive oral health care into school-based primary health care settings, including qualifiable metrics for measuring effective integration efforts and program outcomes.
 - c. Develop and disseminate a full report on the efforts of the SBCOHS grant program, including the identification of key determinants of best practice approaches among various safety-net service delivery models.

6. Establish an expert planning committee and workgroup, with representation from health professionals and consumers, to continue MCHB's efforts in support of the *Oral Health Care during Pregnancy: a National Consensus Statement*. Activities will promote perinatal oral health care, including the promotion and use of guidelines addressing oral health during the perinatal period and disseminate the guidelines to maternal and child health professionals and oral health professionals. At a minimum, these activities will involve an ongoing assessment/reassessment of planned strategies for the selection and implementation of best practice approaches that will: 1) engage health professionals in promoting the national recommendations in education and in practice and 2) help consumers understand and follow the recommendations.

2. Background

This program is authorized by the Social Security Act, Title V, §501(a)(2-3), (42 USC 701(a)(2-3)), as amended.

MCHB programs address the health, safety, and well-being of all women, infants, children, adolescents, and their families, including women of reproductive age, fathers, and children with special health care needs (CSHCN). The Bureau provides national leadership by working with States/territories, communities, public-private partners, and families to strengthen the MCH infrastructure; assures the availability and use of medical homes; and builds knowledge and human resources required to strengthen and maintain the health, safety, and well-being of the nation's MCH population. Historically, Title V and its prior funding authorizations are thought by many to be the genesis of the majority of State oral health programs. As such, the MCHOHS grant program is a continuing national effort to provide timely, relevant, and useful oral health information and materials of value to those working to improve oral health services for the MCH population, including health professionals, program administrators, educators, policymakers, researchers, and others addressing current and emerging public oral health issues with the goal of improving oral health services for the women, children, and their families most at risk.

WOMEN

Major improvements have been made in oral health during the 20th century. Accessing timely oral health care during the perinatal period is crucial. It is now understood that preserving a woman's oral health throughout the perinatal period can help establish a solid foundation for promoting the oral health of her children following birth. Obstetricians, pediatricians, family physicians, and primary care nurse practitioners are often the first health professionals to consult with expectant parents to discuss how to prepare for a healthy pregnancy. Yet, a lack of guidance may play a role in the wide variation of oral health practice patterns and in the fact that many women delay or avoid both routine and urgent oral health care while pregnant. Educating health professionals about the importance and safety of oral health care during the perinatal period and connecting pregnant women to sources of oral health care is essential.

In 2008, when MCHB convened the expert meeting, *Improving Perinatal Oral Health: Moving Forward*, five priority strategies for improving women's oral health care during the perinatal period were recommended. The priority to "promote the use of guidelines addressing oral health during the perinatal period and disseminate them to maternal and child health and oral health professionals" resonated with HRSA's strategic plan, to expand and integrate oral health into primary care, and provided the charge for the *Oral Health Care During Pregnancy Consensus Development Expert Workgroup Meeting*, convened by MCHB October 18, 2011, in collaboration with the American College of Obstetrics and Gynecology (ACOG) and the American Dental Association (ADA). With a planned date of publication in 2012, MCHB is aware that the development of the *Oral Health Care during Pregnancy: a National Consensus Statement* is just one step in fulfillment of this priority to improve women's oral health. The MCHOHS grant program will shepherd the efforts set forth by these perinatal expert workgroups in their efforts to promote the implementation of national recommendations to health professionals and the public.

CHILDREN

Children who are uninsured, with special health care needs, from families with low-income, or from families with minority status, are more likely to have oral health problems and less likely to receive oral health care. The oral health status of children from families with low income has gained considerable interest among Federal programs due to research showing the transmissibility of decay-causing bacteria from mother to child is evidence that this transmissible, infectious disease is preventable and children from families with low income experience oral disease at a higher prevalence than children from families with higher incomes. Just as oral health reflects general health, oral diseases and conditions are associated with other health problems. Research suggests that oral diseases may be associated with heart and lung disease as well as stroke. Untreated oral disease can affect economic productivity and compromise the ability to work. Pain and suffering due to untreated oral disease can also lead to problems eating, speaking, and learning. Left untreated oral disease can be fatal. In February 2007, for example, a child from Maryland died from a brain infection caused by bacteria from tooth decay. The consequences of the lack of oral health care are cumulative, progressive, more complex, and potentially fatal, over time.

It is recognized that preventive and early intervention measures are needed to prevent or reduce oral disease and are a necessary part of the medical/dental interface for children and adolescents at high risk for dental caries. Strategies that incorporate improved access to care, such as new

born home visits, offering preventive oral health care, and SBHCs, providing oral health care services to children and adolescents in school, is desirable.

MCHB embraces the delivery of comprehensive oral health services through SBHCs as a valuable means to improve more timely access to and delivery of comprehensive oral health care for children and adolescents at high risk for dental caries. The MCHOHS grant program will assist those working in States and communities to increase awareness of the prevalence of oral disease in the MCH population that exist within our nation, and help develop programs to address oral health disparities and reduce access barriers to oral health services. In support of oral health service delivery through SBHCs, the MCHOHS grant program will also offer assistance to the MCHB-funded SBCOHS projects to plan for and implement efficient, effective, quality oral health programs that are sustainable and replicable. As national demonstration projects, these projects will work to decrease oral health disparities among children and adolescents from families with low income by increasing access to oral health education, preventive care, and treatment services through SBHC. The MCHOHS grant program will serve as the vehicle to support MCHB-funded SBCOHS projects' efforts to implement, within existing SBHCs, strategic planning that result in evidence-based preventive, early intervention, and comprehensive oral health service delivery models.

HEALTHY PEOPLE 2020

On December 2, 2010, Healthy People 2020 continued in its tradition with the launch of its 10-year agenda for improving the nation's health. With 17 oral health objectives for 2020, oral health, for the first time, is a leading health indicator. Oral health care is recognized as an important priority for most States in meeting the needs of their MCH populations. Review of the most recent (2010) Title V MCH Needs Assessments, finds 31 States and two Jurisdictions developed 33 State Performance Measures related to oral health, targeting vulnerable populations, such as low-income children, pregnant women, and/or those enrolled in Medicaid. These self-selected measures focus on access to and utilization of oral health preventive and treatment services, which include dental caries risk assessments, fluoride varnishes and caregiver education. With the recent publication from the Centers for Disease Control and Prevention (CDC), reporting that over the past decade dental caries (tooth decay) in children ages 2 to 5 have increased, Title V funds will continue to play a critical role in support of State oral health programs.

MCHB relies heavily on effective communication and interactive relationships with key organizations (i.e., Association of Maternal and Child Health Programs) and believes truly effective and sustainable successes can be achieved through building integrated partnerships that make a firm commitment to implementing programs and policies that are creative, comprehensive, and collaborative. Still relevant today, from a workshop on oral health of mothers and children sponsored by the MCHB in September 1989, is the urging from participants for MCHB to play a greater leadership role in addressing the oral health needs of children and their families, and serve as the national leader for the transfer of information regarding women and children's oral needs and services between State MCH programs, communities, academia and the nation in general. It is MCHB's intent that the *National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program* will continue to serve this purpose, increasing awareness of the prevalence of oral disease in the MCH population that exist within our nation and help augment and stabilize safety-net programs, most especially

Title V programs, in their ongoing endeavors to address oral health disparities and reduce access barriers to oral health services for the MCH population.

II. Award Information

1. Type of Award

Funding will be provided in the form of a grant.

2. Summary of Funding

This program will provide funding during Federal fiscal years 2012–2016. Approximately \$600,000 is expected to be available annually to fund one (1) grantee. Applicants may apply for a ceiling amount of up to \$600,000 per year, to include no more than \$200,000 for the two MCH population-based initiatives, the SBCOHS network and national consensus for perinatal oral health guideline dissemination and implementation. The project period is five (5) years and begins on July 1, 2012. Funding beyond the first year is dependent on the availability of appropriated funds for the “*National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program*” in subsequent fiscal years, grantee satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

III. Eligibility Information

1. Eligible Applicants

As cited in Title 42 of the Code of Federal Regulations Part 51a.3(a), any public or private entity, including an Indian tribe or tribal organization (as those terms are defined at 25 U.S.C. 450b), including faith based and community organizations, are eligible to apply for this Federal funding opportunity.

2. Cost Sharing/Matching

There are no cost sharing/matching requirements for the *National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program*.

3. Other

Applications that exceed the ceiling amount of \$600,000 per year will be considered non-responsive and will not be considered for funding under this announcement. A request that exceeds \$200,000 per year in support of the two MCH population-based initiatives (the SBCOHS collaborative and national consensus for perinatal oral health guideline dissemination and implementation) will also be considered non-responsive and will not be considered for funding under this announcement.

Any application that fails to satisfy the deadline requirements referenced in *Section IV.3* will be considered non-responsive and will not be considered for funding under this announcement.

NOTE: Multiple applications from an organization are not allowable.

IV. Application and Submission Information

1. Address to Request Application Package

Application Materials and Required Electronic Submission Information

HRSA *requires* applicants for this funding opportunity announcement to apply electronically through Grants.gov. This robust registration and application process protects applicants against fraud and ensures that only authorized representatives from an organization can submit an application. Applicants are responsible for maintaining these registrations, which should be completed well in advance of submitting your application. All applicants *must* submit in this manner unless they obtain a written exemption from this requirement in advance by the Director of HRSA's Division of Grants Policy. Applicants must request an exemption in writing from DGPWaivers@hrsa.gov, and provide details as to why they are technologically unable to submit electronically through the Grants.gov portal. Your email must include the HRSA announcement number for which you are seeking relief, the organization's DUNS number, the name, address, and telephone number of the organization and the name and telephone number of the Project Director as well as the Grants.gov Tracking Number (GRANTXXXX) assigned to your submission along with a copy of the "Rejected with Errors" notification you received from Grants.gov. **HRSA and its Digital Services Operation (DSO) will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. Suggestion: submit application to Grants.gov at least two days before the deadline to allow for any unforeseen circumstances.

Note: Central Contractor Registration (CCR) information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). As of August 9, 2011, Grants.gov began rejecting submissions from applicants with expired CCR registrations.

Although active CCR registration at time of submission is not a new requirement, this systematic enforcement will likely catch some applicants off guard. According to the CCR Website it can take 24 hours or more for updates to take effect, so ***check for active registration well before your grant deadline.***

An applicant can view their CCR Registration Status by visiting <http://www.bpn.gov/CCRSearch/Search.aspx> and searching by their organization's DUNS. The [CCR Website](#) provides user guides, renewal screen shots, FAQs and other resources you may find helpful.

Applicants that fail to allow ample time to complete registration with CCR and/or Grants.gov will not be eligible for a deadline extension or waiver of the electronic submission requirement.

All applicants are responsible for reading the instructions included in HRSA's *Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply/userguide.pdf>. This Guide includes detailed application and submission instructions for both Grants.gov and HRSA's Electronic Handbooks. Pay particular attention to Sections 2 and 5 that provide detailed information on the competitive application and submission process.

Applicants are also responsible for reading the Grants.gov Applicant User Guide, available online at <http://www.grants.gov/assets/ApplicantUserGuide.pdf>. This Guide includes detailed information about using the Grants.gov system and contains helpful hints for successful submission.

Applicants must submit proposals according to the instructions in the Guide and in this funding opportunity announcement in conjunction with Application Form SF-424. The forms contain additional general information and instructions for applications, proposal narratives, and budgets. The forms and instructions may be obtained by:

- 1) Downloading from <http://www.grants.gov>, or
- 2) Contacting the HRSA Digital Services Operation (DSO) at: HRSADSO@hrsa.gov

Each funding opportunity contains a unique set of forms and only the specific forms package posted with an opportunity will be accepted for that opportunity. Specific instructions for preparing portions of the application that must accompany Application Form SF-424 appear in the “Application Format Requirements” section below.

2. Content and Form of Application Submission

Application Format Requirements

The total size of all uploaded files may not exceed the equivalent of 80 pages when printed by HRSA. The total file size may not exceed 10 MB. The 80-page limit includes the abstract, project and budget narratives, attachments, and letters of commitment and support. Standard forms are NOT included in the page limit. **We strongly urge you to print your application to ensure it does not exceed the 80-page limit. Do not reduce the size of the fonts or margins to save space. See the formatting instructions in Section 5 of the Electronic Submission User Guide referenced above.**

Applications must be complete, within the 80-page limit, within the 10 MB limit, and submitted prior to the deadline to be considered under this announcement.

Application Format

Applications for funding must consist of the following documents in the following order:

SF-424 Non-Construction – Table of Contents

-  It is mandatory to follow the instructions provided in this section to ensure that your application can be printed efficiently and consistently for review.
-  Failure to follow the instructions may make your application non-responsive. Non-responsive applications will not be considered under this funding opportunity announcement.
-  For electronic submissions, applicants only have to number the electronic attachment pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment. Do not attempt to number standard OMB approved form pages.
-  For electronic submissions, no Table of Contents is required for the entire application. HRSA will construct an electronic table of contents in the order specified.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
Application for Federal Assistance (SF-424)	Form	Pages 1, 2 & 3 of the SF-424 face page.	Not counted in the page limit
Project Summary/Abstract	Attachment	Can be uploaded on page 2 of SF-424 - Box 15	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
Additional Congressional District	Attachment	Can be uploaded on page 3 of SF-424 - Box 16	As applicable to HRSA; not counted in the page limit.
Project Narrative Attachment Form	Form	Supports the upload of Project Narrative document	Not counted in the page limit.
Project Narrative	Attachment	Can be uploaded in Project Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions. Provide table of contents specific to this document only as the first page.
SF-424A Budget Information - Non-Construction Programs	Form	Pages 1–2 to support structured budget for the request of Non-construction related funds.	Not counted in the page limit.
Budget Narrative Attachment Form	Form	Supports the upload of Project Narrative document.	Not counted in the page limit.
Budget Narrative	Attachment	Can be uploaded in Budget Narrative Attachment form.	Required attachment. Counted in the page limit. Refer to the funding opportunity announcement for detailed instructions.
SF-424B Assurances - Non-Construction Programs	Form	Supports assurances for non-construction programs.	Not counted in the page limit.
Project/Performance Site Location(s)	Form	Supports primary and 29 additional sites in structured form.	Not counted in the page limit.
Additional Performance Site Location(s)	Attachment	Can be uploaded in the SF-424 Performance Site Location(s) form. Single document with	Not counted in the page limit.

Application Section	Form Type	Instruction	HRSA/Program Guidelines
		all additional site location(s)	
Disclosure of Lobbying Activities (SF-LLL)	Form	Supports structured data for lobbying activities.	Not counted in the page limit.
Other Attachments Form	Form	Supports up to 15 numbered attachments. This form only contains the attachment list.	Not counted in the page limit.
Attachment 1-15	Attachment	Can be uploaded in Other Attachments form 1-15.	Refer to the attachment table provided below for specific sequence. Counted in the page limit.

- 🔔 To ensure that attachments are organized and printed in a consistent manner, follow the order provided below. Note that these instructions may vary across programs.
- 🔔 Evidence of Non-Profit status and invention related documents, if applicable, must be provided in the other attachment form.
- 🔔 Additional supporting documents, if applicable, can be provided using the available rows. Do not use the rows assigned to a specific purpose in the program funding opportunity announcement.
- 🔔 Merge similar documents into a single document. Where several documents are expected in the attachment, ensure that you place a table of contents cover page specific to the attachment. The Table of Contents page will not be counted in the page limit.
- 🔔 Limit the file attachment name to under 50 characters. Do not use any special characters (e.g., %, /, #) or spacing in the file name or word separation. (The exception is the underscore (_) character.) Your attachment will be rejected by Grants.gov if you use special characters or attachment names greater than 50 characters.

Attachment Number	Attachment Description (Program Guidelines)
Instructions for developing the following attachments are contained in Section IV.2.xi. It is important to follow the sequence for attachments as outlined below given the HRSA Grants Application Center will use this order to prepare an electronic table of contents for the entire application. If an attachment contains several types of information (e.g., Attachments 9), it should have its own Table of Contents page. Unless otherwise indicated, all pages, excluding the Table of Contents page, for each attached document WILL be counted (see Section IV.2.ii).	
Attachment 1	Section B, SF-424A – Year 5 Line-Item Budget
Attachment 2	Key Personnel, Supplement to SF-424A
Attachment 3	Job Descriptions for Key Personnel
Attachment 4	Biographical Sketches of Key Personnel
Attachment 5	Letters of Agreement/Sub-Contracts
Attachment 6	Project Organizational Chart
Attachment 7	Time Line
Attachment 8	Accomplishment Summary (if applicable)
Attachment 9-15	Other Relevant Documents

Application Format

i. Application Face Page

Complete Application Form SF-424 provided with the application package. Prepare according to instructions provided in the form itself. Important note: enter the name of the **Project Director** in 8. f. “Name and contact information of person to be contacted on matters involving this application.” If, for any reason, the Project Director will be out of the office, please ensure their email Out of Office Assistant is set so HRSA will be aware if any issues arise with the application and a timely response is required. For information pertaining to the Catalog of Federal Domestic Assistance, the CFDA Number is 93.110.

DUNS Number

All applicant organizations (and subrecipients of HRSA award funds) are required to have a Data Universal Numbering System (DUNS) number in order to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a unique nine-character identification number provided by the commercial company, Dun and Bradstreet. There is no charge to obtain a DUNS number. Information about obtaining a DUNS number can be found at <http://fedgov.dnb.com/webform> or call 1-866-705-5711. Please include the DUNS number on the application face page. Applications **will not** be reviewed without a DUNS number. Note: A missing or incorrect DUNS number is the number one reason for applications being “Rejected for Errors” by Grants.gov. HRSA will not extend the deadline for applications with a missing or incorrect DUNS number. Applicants should take care in entering the DUNS number in the application.

Additionally, the applicant organization (and any subrecipient of HRSA award funds) is required to register annually with the Central Contractor Registration (CCR) in order to do electronic business with the Federal Government. CCR registration must be maintained with current, accurate information at all times during which an entity has an active award or an application or plan under consideration by HRSA. It is extremely important to verify that your CCR registration is active and your Marketing Partner ID Number (MPIN) is current. Information about registering with the CCR can be found at <http://www.ccr.gov>.

ii. Table of Contents

The application should be presented in the order of the Table of Contents provided earlier. Again, for electronic applications no table of contents is necessary as it will be generated by the system. (Note: the Table of Contents will not be counted in the page limit.)

iii. Budget

Complete Application Form SF-424A Budget Information – Non-Construction Programs Form provided with the application package. Please complete Sections A, B, E, and F, and then provide a line item budget for each year of the project period. In Section A use rows 1 - 4 to provide the budget amounts for the first four years of the project. Please enter the amounts in the “New or Revised Budget” column- not the “Estimated Unobligated Funds” column. In Section B Object Class Categories of the SF-424A, provide the object class category breakdown for the annual amounts specified in Section A. In Section B, use column (1) to provide category amounts for Year 1 and use columns (2) through (4) for subsequent budget years (up to four years). For year 5, please submit a copy of Sections A and B of the SF-424A as Attachment 1.

Salary Limitation:

The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$179,700 plus fringe of 25% (\$44,925) and a total of \$112,312.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary limitation: Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$179,700 50% of time will be devoted to the project	
Direct salary	\$89,850
Fringe (25% of salary)	\$22,462.50
Total amount	\$112,312.50

iv. Budget Justification

Provide a narrative that explains the amounts requested for each line in the budget. The budget justification should specifically describe how each item will support the achievement of proposed objectives. The budget period is for ONE year. However, the applicant **must submit one-year budgets for each of the subsequent budget periods within the requested project period at the time of application** (Section IV.2.iii); there are four [4] additional budget periods, beyond the first year, for the *National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program* at the time of application. Line item information must be provided to explain the costs entered in the SF-424A budget form. Be very careful about showing how each item in the “other” category is justified. For subsequent budget years, the justification narrative should highlight the changes from year one or clearly indicate that there are no substantive budget changes during the project period. The budget justification **MUST** be concise. Do NOT use the justification to expand the project narrative.

Budget for Multi-Year Award

This announcement is inviting applications for project periods up to five (5) years. Awards, on a competitive basis, will be for a one-year budget period; although the project period may be for up to five (5) years. Submission and HRSA approval of your Progress Report(s) and any other required submission or reports is the basis for the budget period renewal and release of

subsequent year funds. Funding beyond the one-year budget period but within the five-year project period is subject to availability of funds, satisfactory progress of the awardee, and a determination that continued funding would be in the best interest of the Federal Government.

Include the following in the Budget Justification narrative:

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percentage of full-time equivalency, and annual salary. Key personnel, including their salaries, percent effort devoted to the project and total support requested, including fringe benefit rate, must be included in **Attachment 2** (Section IV.2.xi.2). Reminder: Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II or \$179,700. An individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. Please provide an individual's actual base salary if it exceeds the cap. See the sample below.

Sample:

Name	Position Title	% of FTE	Annual Salary	Amount Requested
J. Smith	Chief Executive Officer	50	\$179,700*	\$89,850
R. Doe	Nurse Practitioner	100	\$75,950	\$75,950
D. Jones	Data/AP Specialist	25	\$33,000	\$8,250

*Actual annual salary = \$350,000

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project. (If an individual's base salary exceeds the legislative salary cap, please adjust fringe accordingly.)

Travel: List travel costs according to local and long distance travel. For local travel, the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel should be outlined. The budget should also reflect the travel expenses associated with participating in meetings and other proposed trainings or workshops.

Equipment: List equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment (a unit cost of \$5,000 or more and a useful life of one or more years).

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, they must be listed separately.

Contractual: Applicants are responsible for ensuring that their organization or institution has in place an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts. Applicants must provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables. Reminder: recipients must notify potential sub-recipients that entities receiving sub-awards must be registered in the CCR and provide the recipient with their DUNS number.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category. In some cases, rent, utilities and insurance fall under this category if they are not included in an approved indirect cost rate.

Applicants may include the cost of access accommodations as part of their project's budget, including sign interpreters, plain language and health literate print materials in alternate formats (including Braille, large print, etc.); and cultural/linguistic competence modifications such as use of cultural brokers, translation or interpretation services at meetings, clinical encounters, and conferences, etc.

Indirect Costs: Indirect costs are those costs incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. For institutions subject to OMB Circular A-21, the term "facilities and administration" is used to denote indirect costs. If an organization applying for an assistance award does not have an indirect cost rate, the applicant may wish to obtain one through HHS's Division of Cost Allocation (DCA). Visit DCA's website at: <http://rates.psc.gov/> to learn more about rate agreements, the process for applying for them, and the regional offices which negotiate them.

v. Staffing Plan and Personnel Requirements

Applicants must present a staffing plan and provide a justification for the plan that includes education and experience qualifications and rationale for the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in **Attachment 3** (Section IV.2.xi.3). Biographical sketches (up to two pages in length) for any key employed personnel that will be assigned to work on the proposed project must be included in **Attachment 4** (Section IV.2.xi.4). When applicable, biographical sketches should include training, language fluency and experience working with the cultural and linguistically diverse populations that are served by their programs.

vi. Assurances

Complete Application Form SF-424B Assurances – Non-Construction Programs provided with the application package.

vii. Certifications

Use the Certifications and Disclosure of Lobbying Activities Application Form provided with the application package

viii. Project Abstract

Provide a summary of the application. Because the abstract is often distributed to provide information to the public and Congress, please prepare this so that it is clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed project including the needs to be addressed, the proposed services, and the population group(s) to be served.

Sample Text:

Please place the following at the top of the abstract:

- Project Title
- Applicant Organization Name
- Address
- Project Director Name
- Contact Phone Numbers (Voice, Fax)
- E-Mail Address
- Web Site Address, if applicable

The project abstract must be single-spaced and limited to one page in length.

ix. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can understand the proposed project. All substantive information responding to the Program Review Sub-Criteria, which will be used by the Independent Review Panel to evaluate each application, must be contained within the project narrative.

Instructions for preparing each major section of the project narrative are outlined below. Follow them carefully, as they form the basis for addressing the **Review Criteria** (Section V.1), which the Independent Review Panel will be instructed to use for its evaluation and rating of applications submitted to the *National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program*.

A general description of the program requirements is listed in the **Purpose** (Section I.1). All goals, objectives, and proposed activities planned to meet program requirements should be intended to ultimately improve maternal and child oral health status. The applicant should address the goals and objectives in a manner as to the impact these efforts have on the intended recipient (i.e., consumer, health professionals, program administrators, educators, policymakers, researchers, etc.). Additional explanation is required to link the planned activities to the overall effort to build and strengthen MCH oral health services. In order to foster continuous improvement and innovation, applicants are encouraged to propose additional activities that are within the scope of this funding opportunity announcement.

Use the following section headers for the Narrative:

Introduction (responds to Review Criterion 1): This section should briefly describe the purpose of the proposed project.

- The applicant should clearly describe the problem, the proposed intervention, and the anticipated benefit of the project. The MCHOHS grant program requirements, including

the MCH initiatives, as identified in the **Purpose** statement of this funding opportunity announcement (Section I.1) should be discussed.

- The applicant should clearly link, when appropriate, proposed intervention and anticipated benefit to the details made available in the **Purpose** and **Background** statements.

Needs Assessment (responds to Review Criterion 1): This section should outline for the reviewers the State(s), communities, professionals, and organization(s) that will be served by the proposed project. This section should also respond to the need for the MCHOHS grant program as described in the **Purpose** and **Background** statements.

- The applicant should clearly outline the needs of the community, State(s), professionals, and/or organization(s) as they relate to the guiding principles of the [Association of State and Territorial Dental Directors \(ASTDD\) State Oral Health Program Competencies](http://www.astdd.org/docs/CompetenciesandLevelsforStateOralHealthProgramsfinal.pdf) (<http://www.astdd.org/docs/CompetenciesandLevelsforStateOralHealthProgramsfinal.pdf>) and the MCH population to be served, including pregnant women and school-aged children: 1) integrating oral health and general health ; 2) programming for all life stages (lifespan approach); 3) recognizing and reducing oral health disparities; 4) identifying, leveraging and using resources; 5) social responsibility to advocate for/serve underserved populations; 6) demonstrating an understanding and respect for other professions, their goals and roles; 7) respecting diversity and attaining cultural competency, including fostering health literacy; and 8) dedication to lifelong learning and quality improvement.
- The applicant should describe and document in this section the target population and its unmet oral health care and/or service systems needs (e.g., standards, guidelines, curricula, policies).
- The applicant should use and cite whenever possible demographic data to support the information provided.
- The applicant should discuss relevant barriers the project hopes to overcome.

Methodology (responds to Review Criteria 2 & 4): This section outlines the proposed strategies and methods that will be used to accomplish selected activities in response to the program requirements as delineated in the **Purpose** and **Review Criteria** (Sections I. and V.1, respectively). The description of the project methodology should extend across all five (5) years of the project period. *The activities proposed in the Methodology will be further described in the Work Plan.*

- The applicant should clearly describe goals and objectives, using a strategic approach that is specific, time-oriented, measurable, and responds to the identified challenges facing the proposed project. The applicant should explicitly describe who will conduct each activity, as well as when, where, and how each activity will be carried out.
- The applicant should clearly describe how activities planned will achieve each goal and objective, including the specific outcomes expected and/or the strategy for revising project

management decisions. The applicant should take into consideration the creativity, feasibility, potential utilization, and national applicability of the activities it proposes.

- The applicant should provide evidence that the approaches and activities can reasonably be expected to be effective. To the extent possible, long-term and sustainable impact should be quantified if achievable during the five-year project period.
- The applicant should identify all partners and provide evidence of substantive involvement in the project planning, implementation, and evaluation. The applicant should describe any proposed cooperative or collaborative activities with other relevant organizations.

Work Plan (responds to Review Criteria 2 & 4): This section outlines the steps, as well as necessary personnel and time, which will be used to achieve the activities proposed in the Methodology.

- The applicant will present a strategic Work Plan that describes the sequence and steps that will be used to carry out each proposed methodological approach. The “who, what, when, where, and how” of each approach to be conducted must be explicitly described.
- The applicant should describe a strategic Work Plan for managing the project, including its personnel and resources. The plan should describe how data, including information collected as part of monitoring and tracking activities, will be used to help make project management decisions.
- The Work Plan should cross-reference the proposed project activities with components presented in **Attachment 2 - Key Personnel**, **Attachment 3 - Job Descriptions**, **Attachment 4 - Biographical Sketches of Key Personnel**, **Attachment 5 - Letters of Agreement** (agreed working relationships between the proposed project and other programs, agencies and organizations), and/or **Attachment 6 - the Project Organization Chart**.
- The Work Plan should include a detailed timeline, **Attachment 7**, which links activities to project objectives across the five (5) year project period.
- The applicant’s should clearly describe in the Work Plan the monitoring and tracking of activities so as to determine whether they are being completed in accordance with the time frame established in the application.

Resolution of Challenges (responds to Review Criteria 2 & 4): This section offers discussion of the challenges and approaches that will be used to resolve such challenges.

- The applicant should discuss the challenges that are likely to be encountered in designing and implementing the activities, as well as approaches that would be used to address and, if possible, to resolve such challenges.

Evaluation and Technical Support Capacity (responds to Review Criteria 3, 4, & 5): This section describes an evaluation plan that will: (1) measure outcomes and impact of the project’s activities, and (2) monitor efficiency and productivity in accordance with the project’s strategic

plan. *Applications lacking a complete and well-conceived evaluation protocol may not be funded.*

- The applicant should describe project level evaluation methodology that is specific and related to the stated goals, objectives, and priorities of the project.
- The applicant should describe the data collection strategy for collecting, analyzing and tracking data to measure process, outcome, and impact, explaining how the data will be used to inform program development and service delivery.
- The applicant should demonstrate evidence of organizational experience and capability to coordinate and support planning, implementation, and evaluation of a comprehensive plan to meet the objectives of this initiative.
- The applicant should describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. If applicable, as an incumbent applicant, a well planned report (**Attachment 8**) summarizing efforts that identify previous goals and objectives and a summary of evaluation and accomplishments should be included.

Organizational Information (responds to Review Criterion 5 & 6): This section will provide information on the applicant agency's ability to assume responsibility of the MCHOHS grant program.

- The applicant should describe their organization's proven leadership role in activities undertaken and as related to the program requirements and the project's proposed activities. If applicable, as an incumbent applicant, a well planned report (**Attachment 8**) summarizing efforts that identify previous goals and objectives and a summary of evaluation and accomplishments should be included.
- The applicant should describe the applicant agency's current mission, structure, and scope of current activities, and how these all contribute to the ability of the organization to accomplish the proposed project; inclusive in this explanation is:
 - Relationship to and placement within any umbrella or parent organization;
 - Relationships to any agencies or organizations with which it intends to partner, collaborate, coordinate efforts, or receive consultation from, while conducting project activities;
 - Governance structure, including any boards of directors and/or advisory groups;
 - Project structure and organization of project staff, including volunteers.
- The applicant will summarize their organization in at least one chart (**Attachment 6**).
- The applicant will also describe the resources available for carrying out the project and conducting its activities, including its facilities and physical space; equipment; information technology resources; and any additional resources (e.g., staff, funds, related

projects, in-kind contributions) that are based in the applicant organization or are to be contributed by other agencies or organizations.

x. *Program Specific Forms*

Performance Measures and Data Collection

The Health Resources and Services Administration has modified its reporting requirements for *National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program* to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. MCHB program offices select the program specific forms, including performance measures, which must be completed by grantees/awardees. The program specific forms selected by the program offices depend upon the type and focus of the program. The program specific forms include: Financial forms, Demographic Data forms, Performance Measures, and Additional Data Elements.

To prepare successful applicants of their reporting requirements, the administrative forms and performance measures are presented in Appendix A of this funding opportunity announcement. In summary, the forms and performance measures for this program are:

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data

Performance Measures

- PM07, The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.
- PM10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts, and training.
- PM24, The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions.
- PM31, The degree to which grantees have assisted States and communities in planning and implementing comprehensive, coordinated care for MCH populations.
- PM33, The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
- PM41, The degree to which grantees have assisted in developing, supporting, and promoting medical homes for MCH populations.

Additional Data Elements

- Products, Publications and Submissions Data Collection Form

xi. Attachments

Please provide the following documents to complete the content of the application. Please note that these are supplementary in nature, and are not intended to be a continuation of the project narrative. Unless otherwise noted, attachments count toward the application page limit. **Each attachment must be clearly labeled.**

Attachment 1: Section B, SF-424A, Year 5 Line-Item Budget

Prepare a copy of the SF-424A, Section B (page 1A), and submit the line-item budget for the fifth year. Column (1), to be labeled “Project Year 5 Line-Item Budget” by the applicant, must show the line-item budget for the fifth year. (The first four years of the five-year project period should be provided in Section B, columns (1) through (4), on the uploaded SF-424A budget form.)

Attachment 2: Key Personnel, Supplement to SF- 424A, (Required. To be developed by applicant)

List all key personnel, including their salaries, percent of effort devoted to the project and total support requested, including fringe benefit rate.

Attachment 3: Job Descriptions for Key Personnel (Required. To be developed by applicant)

Provide descriptions of responsibilities for all professional and technical positions for which grant support is requested and any positions of significance to the program that will be supported by other sources. Job descriptions reflect the functional requirements of each position, not the particular capabilities or qualifications of given individuals. Try to limit each job description to one (1) page in length. To save space, job descriptions do not need to be placed on separate pages. At a minimum, be sure to spell out the following:

- Administrative direction and to whom it is provided;
- Functional relationships (that is, to whom the individual reports and how the position fits within its organizational area in terms of training and service functions);
- Duties and scope of responsibilities; and
- Minimum qualifications (that is, the minimum requirements of education, training, and experience needed to do the job).

Attachment 4: Biographical Sketches of Key Personnel (Required. To be developed by applicant)

Include biographical sketches (maximum of two [2] pages) for persons occupying the key positions identified in **Attachment 3**. Biographical sketches should contain the following information: Education (institutions attended and their locations, degrees and years conferred, fields of study); professional certifications and licensure; professional positions/employment in reverse chronological order; current grant and contract support; representative publications; and any additional information that would contribute to the objective review committee’s understanding of relevant qualifications, expertise and experience. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person along with the biographical sketch.

Attachment 5: Letters of Agreement and/or Description(s) of Proposed/Existing Contracts (Required. To be developed by applicant)

Provide any documents that describe working relationships between the proposed project and other programs, agencies and organizations cited in the proposal. Documents that confirm actual or pending contractual agreements should clearly describe the roles of the subcontractors and any deliverables. Letters of agreements must be dated. Include only letters of agreement that indicate a specific commitment to the project (in-kind services, dollars, staff, space, equipment, etc.). Simple letters of support should be listed in **Attachment 9, Other Relevant Documents**.

Attachment 6: Project Organizational Chart (Required. To be developed by applicant)

Provide (a) figure(s) that depict(s): 1) the organizational structure of the project, including internal relationships of project staff; relationships between project staff and any advisory boards; relationships with subcontractors; and relationships with organizations represented on the project's consortium and other significant collaborators; and 2) the placement of the project within the structure of its parent organization(s).

Attachment 7: Timeline (Required. To be developed by applicant)

The timeline links activities to project objectives and should cover the five (5) years of the project period. This table, chart, or figure details activities necessary to carry out each methodological approach, including approaches to major categories of activities and appropriate tracking methods. It includes a format to describe the "who, what, when, where, and how" of each approach.

Attachment 8: Accomplishment Summary (Required of incumbent applicant)

A well planned report on previous efforts, providing a record of accomplishments and summary of progress and impact, can be of great value. The accomplishments of incumbent applicants are carefully considered during the review process; therefore, incumbent applicants are advised to include previously stated goals and objectives in their application and emphasize the progress made in attaining these goals and objectives. Because the Accomplishment Summary is considered when applications are reviewed and scored, **incumbent applicants who do not include an Accomplishment Summary may not receive as high a score as applicants who do.**

The ***Accomplishment Summary*** should be a brief presentation of the accomplishments, in relation to the objectives of the *National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program*. The report should include:

- (1) The project period covered (dates)
- (2) Specific Objectives - Briefly summarize the specific objectives of the project as actually funded. Because of peer review recommendations and/or budgetary modifications made by the awarding unit, these objectives may differ in scope from those stated in the competing application.
- (3) Results - Describe the program activities, evaluative methodology, and outcomes. Include both positive and negative results or technical problems that may be important.

The *Accomplishment Summary* will be evaluated as part of Review Criterion 4 & 5, IMPACT and RESOURCES/CAPABILITIES, respectively.

Attachments 9 – 15: Other Relevant Documents

Include here any other documents that are relevant to the application, including letters of support. **Only letters of support which specifically indicate a commitment to the project/program (in-kind services, dollars, staff, space, equipment, etc.) are to be included. Letters of agreement and support must be dated. List all other support letters on one page.**

3. Submission Dates and Times

Application Due Date

The due date for applications under this funding opportunity announcement is **May 7, 2012 at 8:00 P.M. ET**. Applications completed online are considered formally submitted when the application has been successfully transmitted electronically by your organization's Authorized Organization Representative (AOR) through Grants.gov and has been validated by Grants.gov on or before the deadline date and time.

Receipt acknowledgement: Upon receipt of an application, Grants.gov will send a series of email messages advising you of the progress of your application through the system. The first will confirm receipt in the system; the second will indicate whether the application has been successfully validated or has been rejected due to errors; the third will be sent when the application has been successfully downloaded at HRSA; and the fourth will notify the applicant of the Agency Tracking Number assigned to the application.

The Chief Grants Management Officer (CGMO) or designee may authorize an extension of published deadlines when justified by circumstances such as natural disasters (e.g., floods or hurricanes) or other disruptions of services, such as a prolonged blackout. The CGMO or designee will determine the affected geographical area(s).

Late Applications

Applications which do not meet the criteria above are considered late applications and will not be considered in the current competition.

4. Intergovernmental Review

The *National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program* is NOT subject to the provisions of Executive Order 12372, as implemented by 45 CFR 100.

5. Funding Restrictions

Applicants responding to this announcement may request funding for a project period of up to five (5) years, at no more than \$600,000 per year (including up to \$200,000 per year for each of the two MCH population-based initiatives, the SBCOHS network and national consensus for perinatal oral health guideline dissemination and implementation). Awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal Government.

Salary Limitation: The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. Award funds may not be used to pay the salary of an individual at a rate in excess of Executive Level II. The Executive Level II salary of the Federal Executive Pay scale is \$179,700. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts under a HRSA grant or cooperative agreement.

Per Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011 (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself. (b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. (c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Per Division F, Title V, Section 523 of the Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

6. Other Submission Requirements

As stated in Section IV.1, except in very rare cases HRSA will no longer accept applications in paper form. Applicants submitting for this funding opportunity are **required** to submit **electronically** through Grants.gov. To submit an application electronically, please use the APPLY FOR GRANTS section at <http://www.Grants.gov>. When using Grants.gov you will be able to download a copy of the application package, complete it off-line, and then upload and submit the application via the Grants.gov site.

It is essential that your organization ***immediately register*** in Grants.gov and become familiar with the Grants.gov site application process. If you do not complete the registration process, you will be unable to submit an application. The registration process can take up to one month.

To be able to successfully register in Grants.gov, it is necessary that you complete all of the following required actions:

- Obtain an organizational Data Universal Numbering System (DUNS) number
- Register the organization with Central Contractor Registration (CCR)
- Identify the organization's E-Business Point of Contact (E-Biz POC)
- Confirm the organization's CCR "Marketing Partner ID Number (M-PIN)" password
- Register and approve an Authorized Organization Representative (AOR)
- Obtain a username and password from the Grants.gov Credential Provider

Instructions on how to register, tutorials and FAQs are available on the Grants.gov web site at <http://www.grants.gov>. Assistance is also available 24 hours a day, 7 days a week (excluding Federal holidays) from the Grants.gov help desk at support@grants.gov or by phone at 1-800-518-4726. Applicants should ensure that all passwords and registration are current well in advance of the deadline.

It is incumbent on applicants to ensure that the AOR is available to submit the application to HRSA by the published due date. HRSA will not accept submission or re-submission of incomplete, rejected, or otherwise delayed applications after the deadline. Therefore, you are urged to submit your application in advance of the deadline. If your application is rejected by Grants.gov due to errors, you must correct the application and resubmit it to Grants.gov before the deadline date and time. Deadline extensions will not be provided to applicants who do not correct errors and resubmit before the posted deadline.

If, for any reason, an application is submitted more than once prior to the application due date, HRSA will only accept the applicant's last validated electronic submission prior to the application due date as the final and only acceptable submission of any competing application submitted to Grants.gov.

Tracking your application: It is incumbent on the applicant to track their application by using the Grants.gov tracking number (GRANTXXXXXXXX) provided in the confirmation email from Grants.gov. More information about tracking your application can be found at <https://apply07.grants.gov/apply/checkApplStatus.faces>. Be sure your application is validated by Grants.gov prior to the application deadline.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation.

The review criteria outlined below with specific detail and scoring points will be used to review and rank applications. The *National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program* has six (6) review criteria:

CRITERION 1: NEED (10 points) - refer to Narrative Sections “Introduction” and “Need Assessment” - The clarity and completeness with which the applicant describes the need for and intent of the MCHOHS grant program as a response to the **Purpose** and **Background** statements in the Funding Opportunity Description (Section I).

CRITERION 1 PROGRAM REVIEW SUB-CRITERIA

- 1) The extent to which the applicant clearly describes the target population, problem, need, proposed intervention, and the anticipated benefit of the project (citing applicable demographic data when possible).
- 2) The extent to which the applicant demonstrates a comprehensive knowledge and understanding of the array of issues relevant to assessing the need for providing MCH population-based oral health resource support to States, communities, health professionals, program administrators, educators, policymakers, researchers, and others.
- 3) The extent to which the applicant demonstrates an understanding and appreciation for the role quality information plays in improving oral health services for the MCH population.
- 4) The extent to which the applicant demonstrates an understanding of Healthy People 2020 Objectives as they relate to the MCHOHS grant program intent and for enhancing the quality of oral health care for the MCH population.
- 5) The extent to which the applicant demonstrates a comprehensive understanding and appreciation for the use of SBHCs as a valuable means to improve more timely access to and delivery of comprehensive oral health care to children and adolescents at high risk for dental caries.
- 6) The extent to which the applicant demonstrates a comprehensive understanding of the issues relevant to the importance and safety of oral health care during the perinatal period.
- 7) The extent to which the applicant acknowledges relevant barriers the project hopes to overcome.

CRITERION 2: RESPONSE (25 points) – refer to Narrative Sections “Methodology”, “Work Plan” and “Resolution of Challenges” - The clarity and completeness with which the applicant describes how the proposed project responds to the Purpose and program requirements as described in the Funding Opportunity Description (Section I), *most especially the efforts to augment and stabilize safety-net programs, including Title V programs, in their ongoing endeavors to address oral health disparities and reduce access barriers to oral health services for the MCH population.*

CRITERION 2 PROGRAM REVIEW SUB-CRITERIA

- 1) The extent to which there is clarity of the proposed goals and objectives and their relationship and response to the identified program requirements.

- 2) The extent to which the applicant describes activities that substantively and meaningfully address the problem and attain the project goal(s) and objective(s), including a comprehensive approach to the MCH-population based initiatives.
- 3) The extent to which the approach is strategic, technically sound, evidence-based, creative, and has appropriate time-frames allocated for accomplishing each project activity. The extent to which evidence is convincing that the proposed activities, if well executed, are capable of attaining project goals and objectives.
- 4) The extent to which the applicant identifies all partners and collaborative efforts, providing evidence of any substantive involvement in the project planning, implementation, and evaluation.
- 5) The extent to which the applicant is able to capitalize on available national resources to strengthen the project plan and to cooperate on specified project activities with relevant organizations for the purpose of enhancing project outcomes.
- 6) The extent to which the project time line is complete, detailed, realistic, and covers the entire five-year span of the proposed project.
- 7) The degree of clarity and detail of, and logic to, the described methodology. How completely and logically the components of the overall approach and sets of activities are linked within the Work Plan.
- 8) The degree to which a well-designed Work Plan is presented for managing the project, including its personnel and resources, and for monitoring and tracking project activities.
- 9) The thoroughness with which the applicant presents and discusses the challenges that are likely to be encountered in designing and implementing the activities, as well as approaches that would be used to address such challenges.

CRITERION 3: EVALUATIVE MEASURES (15 points) – refer to Narrative Sections “Methodology” and “Evaluation and Technical Assistance Support Capacity” - The clarity and completeness to which the applicant describes the method(s) proposed to monitor and evaluate the project. *Evaluative measures must be able to: (1) measure outcomes and impact of the project’s activities and (2) monitor efficiency and productivity as a result of the strategic planning, reported activities, and measured outcomes.*

CRITERION 3 PROGRAM REVIEW SUB-CRITERIA

- 1) The extent to which the plan for measuring program performance is well organized and adequately described.
- 2) The degree to which the proposed evaluation plan clearly defines effective measures of expected outcomes, project efficiency and productivity.
- 3) The degree to which the proposed evaluation plan is logical, technically sound and practical, and able to yield meaningful measurement of key areas of project process and outcomes.

CRITERION 4: IMPACT (15 points) - refer to Narrative Sections “**Work Plan**”, “**Methodology**” and “**Evaluation and Technical Support Capacity**”- The degree to which innovative strategies are used for the development and distribution of material and resources to meet the needs of target audiences.

CRITERION 4 PROGRAM REVIEW SUB-CRITERIA

- 1) The extent to which the applicant demonstrates meaningful support and collaboration with key stakeholders in the planning, designing and implementation of products and publications. If applicable, as an incumbent applicant, a well planned report (**Attachment 8**) summarizing efforts that identify previous goals and objectives and a summary of evaluation and accomplishments should be included.
- 2) Evidence of obtaining and sustaining interagency coordination and collaboration with other organizations and entities that support the mission of the *National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program* and whose joint efforts would strengthen the work of the project and program.
- 3) The extent to which the applicant presents a well-designed, creative and coherent plan that describes how appropriate communications and materials will be developed for and disseminated to its target audiences.
- 4) The degree of creativity and effectiveness of the proposed strategies for reaching the project’s proposed national, State and community-level target audiences, including (but not limited to) use of the Internet and other electronic strategies.
- 5) The extent to which the expected project results are national in scope.

CRITERION 5: RESOURCES/CAPABILITIES (25 points) – refer to Narrative Sections “**Evaluation and Technical Support Capacity**” and “**Organizational Information**”- The degree to which the selected personnel are qualified by training and/or experience to implement and carry out the projects.

CRITERION 5 PROGRAM REVIEW SUB-CRITERIA

- 1) The strength and appropriateness of the proposed Project Director’s background and experience, and adequacy of proposed project director’s leadership, executive, and management experience.
- 2) The extent to which the relevant education, expertise, skills and experience of key personnel are adequate for conducting activities necessary for the project. The applicant will need to demonstrate a thorough knowledge and understanding of the subject matter, including MCH population-based services and the various safety-net programs that provide oral health care.
- 3) The extent to which the applicant agency’s/organization’s mission is appropriate for the intent of the *National Support for Title V/ Maternal and Child Health Oral Health Services Grant Program* and the degree to which its structure and scope of activities can contribute to the ability to conduct the project and meet program expectations. If applicable, the extent to which an incumbent applicant’s past efforts and achievements (**Attachment 8**) support the MCHOHS grant program intent.

- 4) The extent to which the applicant demonstrates evidence of organizational experience and the capability to coordinate and support planning, implementation, and evaluation of a comprehensive plan to meet the objectives of this initiative. The extent to which the number of project staff, including both professional and support staff, is adequate and has the ability and experience to conduct a project that is national in scope.
- 5) The degree to which the applicant describes an adequate, coherent organizational structure for governance and oversight; implementing and conducting project activities; and developing and sustaining relationships with organizations whose assistance is necessary to plan, implement, and achieve project goals and outcome objectives.
- 6) The degree of which the applicant's collective previous work experience, skills, knowledge, and previously published materials are of a similar nature to the stated goals, objectives, and priorities of the project. If applicable, as an incumbent applicant, a well planned report (**Attachment 8**) summarizing efforts that identify previous goals and objectives and a summary of evaluation and accomplishments should be included.
- 7) Adequacy of physical space and resources, including information technologies, available for conducting project activities.

CRITERION 6: SUPPORT REQUESTED (10 points) – refer to Narrative Sections “Budget” and “Budget Justification” - The extent to which the proposed budget for each year of the project period, in relation to the objectives, the complexity of the activities, and the anticipated results, is reasonable.

CRITERION 6 PROGRAM REVIEW SUB-CRITERIA

- 1) The degree to which the line-item budget and budget justification is sufficiently detailed for each year of the five-year project period.
- 2) The degree to which the budget justification documents logically, and in adequate detail, how and why each line item request (e.g., personnel, travel, equipment, supplies, information technology, and contractual services) supports the objectives and activities of the proposed project.
- 3) The reasonableness of the proposed budget (i.e., the extent to which adequate staff and time is devoted to the project) in relation to the complexity of the activities, the proposed objectives, and the anticipated results.

2. Review and Selection Process

The Division of Independent Review is responsible for managing objective reviews within HRSA. Applications competing for Federal funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Applications that pass the initial HRSA eligibility screening will be reviewed and rated by a panel based on the program elements and review criteria presented in relevant sections of this funding opportunity announcement. The review criteria are designed to enable the review panel to assess the quality of a proposed project and determine the likelihood of its success. The criteria are closely related to each other and are considered as a whole in judging the overall quality of an application.

The maximum possible points that each scoring criterion could attain are outlined below:

CRITERION	National Support for Title V/Maternal and Child Health Oral Health Services Grant Program
1. Need	10
2. Response	25
3. Evaluative Measures	15
4. Impact	15
5. Resources/Capabilities	25
6. Support Requested	10
TOTAL POINTS	100

3. Anticipated Announcement and Award Dates

It is anticipated that awards will be announced prior to the start date of **July 1, 2012**.

VI. Award Administration Information

1. Award Notices

Each applicant will receive written notification of the outcome of the objective review process, including a summary of the expert committee's assessment of the application's strengths and weaknesses, and whether the application was selected for funding. Applicants who are selected for funding may be required to respond in a satisfactory manner to Conditions placed on their application before funding can proceed. Letters of notification do not provide authorization to begin performance.

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, the non-Federal share to be provided (if applicable), and the total project period for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative, and reflects the only authorizing document. It will be sent prior to the start date of **July 1, 2012**.

2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 [Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations](#) or 45 CFR Part 92 [Uniform Administrative Requirements For Grants And Cooperative Agreements to State, Local, and Tribal Governments](#), as appropriate.

HRSA grant and cooperative agreement awards are subject to the requirements of the HHS Grants Policy Statement (HHS GPS) that are applicable based on recipient type and purpose of award. This includes, as applicable, any requirements in Parts I and II of the HHS GPS that apply to the award. The HHS GPS is available at <http://www.hrsa.gov/grants/>. The general terms and conditions in the HHS GPS will apply as indicated unless there are statutory, regulatory, or award-specific requirements to the contrary (as specified in the Notice of Award).

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.html>. If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity to obtain a copy of the Term.

Smoke-Free Workplace

The Public Health Service strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. Further, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

Cultural and Linguistic Competence

HRSA programs serve culturally and linguistically diverse communities and multiple cultures. Although race and ethnicity are often thought to be dominant elements of culture, HRSA funded programs embrace a broader definition to include language, gender, socio-economic status, sexual orientation and gender identity, physical and mental capacity, age, religion, housing status, and regional differences. Organizational behaviors, practices, attitudes, and policies across all HRSA-supported entities respect and respond to the cultural diversity of communities, clients and students served. HRSA is committed to ensuring access to quality health care for all. Quality care means access to services, information, materials delivered by competent providers in a manner that factors in the language needs, cultural richness, and diversity of populations served. Quality also means that, where appropriate, data collection instruments used should adhere to culturally competent and linguistically appropriate norms. For additional information and guidance, refer to the National Standards for Culturally and

Linguistically Appropriate Services in Health Care (CLAS) published by HHS and available online at <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>. Additional cultural competency and health literacy tools, resources and definitions are available online at <http://www.hrsa.gov/culturalcompetence> and <http://www.hrsa.gov/healthliteracy>.

Healthy People 2020

Healthy People 2020 is a national initiative led by HHS that sets priorities for all HRSA programs. The initiative has four overarching goals: (1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; (2) achieve health equity, eliminate disparities, and improve the health of all groups; (3) create social and physical environments that promote good health for all; and (4) promote quality of life, healthy development, and healthy behaviors across all life stages. The program consists of over 40 topic areas, containing measurable objectives. HRSA has actively participated in the work groups of all the topic areas and is committed to the achievement of the Healthy People 2020 goals. More information about Healthy People 2020 may be found online at <http://www.healthypeople.gov/>.

National HIV/AIDS Strategy (NHAS)

The National HIV/AIDS Strategy (NHAS) has three primary goals: 1) reducing the number of people who become infected with HIV, 2) increasing access to care and optimizing health outcomes for people living with HIV, and 3) reducing HIV-related health disparities. The NHAS states that more must be done to ensure that new prevention methods are identified and that prevention resources are more strategically deployed. Further, the NHAS recognizes the importance of early entrance into care for people living with HIV to protect their health and reduce their potential of transmitting the virus to others. HIV disproportionately affects people who have less access to prevention, care and treatment services and, as a result, often have poorer health outcomes. Therefore, the NHAS advocates adopting community-level approaches to identify people who are HIV-positive but do not know their serostatus and reduce stigma and discrimination against people living with HIV.

To the extent possible, program activities should strive to support the three primary goals of the NHAS. As encouraged by the NHAS, programs should seek opportunities to increase collaboration, efficiency, and innovation in the development of program activities to ensure success of the NHAS. Programs providing direct services should comply with Federally-approved guidelines for HIV Prevention and Treatment (see <http://www.aidsinfo.nih.gov/Guidelines/Default.aspx> as a reliable source for current guidelines). More information can also be found at <http://www.whitehouse.gov/administration/eop/onap/nhas>

Health IT

Health information technology (Health IT) provides the basis for improving the overall quality, safety and efficiency of the health delivery system. HRSA endorses the widespread and consistent use of health IT, which is the most promising tool for making health care services more accessible, efficient and cost effective for all Americans.

Related Health IT Resources:

- [Health Information Technology \(HHS\)](#)
- [What is Health Care Quality and Who Decides? \(AHRQ\)](#)

3. Reporting

The successful applicant under this funding opportunity announcement must comply with the following reporting and review activities:

a. **Audit Requirements**

Comply with audit requirements of Office of Management and Budget (OMB) Circular A-133. Information on the scope, frequency, and other aspects of the audits can be found on the Internet at http://www.whitehouse.gov/omb/circulars_default.

b. **Payment Management Requirements**

Submit a quarterly electronic Federal Financial Report (FFR) Cash Transaction Report via the Payment Management System. The report identifies cash expenditures against the authorized funds for the grant or cooperative agreement. The FFR Cash Transaction Reports must be filed within 30 days of the end of each calendar quarter. Failure to submit the report may result in the inability to access award funds. Go to <http://www.dpm.psc.gov> for additional information.

c. **Status Reports**

1) Federal Financial Report. The Federal Financial Report (SF-425) is required within 90 days of the end of each budget period. The report is an accounting of expenditures under the project that year. Financial reports must be submitted electronically through EHB. More specific information will be included in the Notice of Award.

2) Progress Report(s). The awardee must submit a progress report to HRSA on a quarterly basis. The report should demonstrate grantee progress on program-specific goals. **For continuation of a multi-year award an annual progress report, utilizing HRSA's Non-Competing Continuation (NCC) Progress Report submission process in the EHB, is mandatory.** Submission and HRSA approval of the NCC Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project. Further information will be provided in the award notice.

3) Final Report(s). A final report is due within 90 days after the project period ends. The final report collects program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the grantee achieved the mission, goal and strategies outlined in the program; grantee objectives and accomplishments; barriers encountered; and responses to summary questions regarding the grantee's overall experiences over the entire project period. The final report must be submitted on-line by awardees in the Electronic Handbooks system at <https://grants.hrsa.gov/webexternal/home.asp>.

4) Performance Reports. The Health Resources and Services Administration (HRSA) has modified its reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures that were developed in accordance with the requirements of the Government Performance and Results Act (GPRA) of 1993 (Public

Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have also been established under the Block Grant provisions of Title V of the Social Security Act, the MCHB's authorizing legislation. Performance measures for other MCHB-funded grant programs have been approved by the Office of Management and Budget and are primarily based on existing or administrative data that projects should easily be able to access or collect.

(1) Performance Measures and Program Data

To prepare applicants for these reporting requirements, the designated performance measures for this program and other program data collection, as identified in the **Programs Specific Forms** section of this funding opportunity announcement (Section IV.2.x), are presented in Appendix A of this funding opportunity announcement.

(2) Performance Reporting

Successful applicants receiving grant funds will be required, within 120 days of the Notice of Award (NoA), to register in HRSA's Electronic Handbooks (EHBs) and electronically complete the program specific data forms that appear in the appendices of this announcement. This requirement entails the provision of budget breakdowns in the financial forms based on the grant award amount, the project abstract and other grant summary data as well as providing objectives for the performance measures.

Performance reporting is conducted for each grant year of the project period. Grantees will be required, within 120 days of the NoA, to enter HRSA's EHBs and complete the program specific forms. This requirement includes providing expenditure data, finalizing the abstract and grant summary data as well as finalizing indicators/scores for the performance measures.

(3) Project Period End Performance Reporting

Successful applicants receiving grant funding will be required, within 90 days from the end of the project period, to electronically complete the program specific data forms that appear in the appendices of this announcement. The requirement includes providing expenditure data for the final year of the project period, the project abstract and grant summary data as well as final indicators/scores for the performance measures.

d. Transparency Act Reporting Requirements

New awards ("Type 1") issued under this funding opportunity announcement are subject to the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA) of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252, and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170 (FFATA details are available online at <http://www.hrsa.gov/grants/ffata.html>).

Competing continuation awardees, etc. may be subject to this requirement and will be so notified in the Notice of Award.

VII. Agency Contacts

Applicants may obtain additional information regarding **business, administrative, or fiscal issues** related to this funding opportunity announcement by contacting:

Venessa Fleming
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
Parklawn Building, Room 11-03
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-8337
Fax: (301) 443-6343
E-mail: VFleming@hrsa.gov

Additional information related to the **overall program issues and/or technical assistance** regarding this funding announcement may be obtained by contacting:

Pamella Vodicka, M.S., R.D.
CDR, U.S. Public Health Service
HRSA Maternal and Child Health Bureau
Parklawn Building, Room 18A-39
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-2753
Fax: (301) 443-1296
Email: PVodicka@hrsa.gov

Applicants may need assistance when working online to submit their application forms electronically. Applicants should always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, seven days a week, excluding Federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726
E-mail: support@grants.gov
iPortal: <http://grants.gov/iportal>

VIII. Tips for Writing a Strong Application

A concise resource offering tips for writing proposals for HHS grants and cooperative agreements can be accessed online at:

<http://www.hhs.gov/asrt/og/grantinformation/apptips.html>.

Appendix A: MCHB Administrative Forms and Performance Measures

To prepare successful applicants for their future performance reporting requirements, the Administrative Forms and Performance Measures assigned to this MCHB program are presented below.

- Form 1, MCHB Project Budget Details
- Form 2, Project Funding Profile
- Form 4, Project Budget and Expenditures by Types of Services
- Form 6, Abstract
- Form 7, Discretionary Grant Project Summary Data
- PM07, The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.
- PM10, The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts, and training.
- PM24, The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions.
- PM31, The degree to which grantees have assisted States and communities in planning and implementing comprehensive, coordinated care for MCH populations.
- PM33, The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.
- PM41, The degree to which grantees have assisted in developing, supporting, and promoting medical homes for MCH populations.

Additional Data Elements

- Products, Publications and Submissions Data Collection Form

FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

1. MCHB GRANT AWARD AMOUNT	\$ _____
2. UNOBLIGATED BALANCE	\$ _____
3. MATCHING FUNDS	\$ _____
(Required: Yes [] No [] If yes, amount)	
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income	\$ _____
D. Applicant/Grantee Funds	\$ _____
E. Other funds: _____	\$ _____
4. OTHER PROJECT FUNDS (Not included in 3 above)	\$ _____
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income (Clinical or Other)	\$ _____
D. Applicant/Grantee Funds (includes in-kind)	\$ _____
E. Other funds (including private sector, e.g., Foundations)	\$ _____
5. TOTAL PROJECT FUNDS (Total lines 1 through 4)	\$ _____
6. FEDERAL COLLABORATIVE FUNDS	\$ _____
(Source(s) of additional Federal funds contributing to the project)	
A. Other MCHB Funds (Do not repeat grant funds from Line 1)	
1) Special Projects of Regional and National Significance (SPRANS)	\$ _____
2) Community Integrated Service Systems (CISS)	\$ _____
3) State Systems Development Initiative (SSDI)	\$ _____
4) Healthy Start	\$ _____
5) Emergency Medical Services for Children (EMSC)	\$ _____
6) Traumatic Brain Injury	\$ _____
7) State Title V Block Grant	\$ _____
8) Other: _____	\$ _____
9) Other: _____	\$ _____
10) Other: _____	\$ _____
B. Other HRSA Funds	
1) HIV/AIDS	\$ _____
2) Primary Care	\$ _____
3) Health Professions	\$ _____
4) Other: _____	\$ _____
5) Other: _____	\$ _____
6) Other: _____	\$ _____
C. Other Federal Funds	
1) Center for Medicare and Medicaid Services (CMS)	\$ _____
2) Supplemental Security Income (SSI)	\$ _____
3) Agriculture (WIC/other)	\$ _____
4) Administration for Children and Families (ACF)	\$ _____
5) Centers for Disease Control and Prevention (CDC)	\$ _____
6) Substance Abuse and Mental Health Services Administration (SAMHSA)	\$ _____
7) National Institutes of Health (NIH)	\$ _____
8) Education	\$ _____
9) Bioterrorism	\$ _____
10) Other: _____	\$ _____
11) Other: _____	\$ _____
12) Other: _____	\$ _____
7. TOTAL COLLABORATIVE FEDERAL FUNDS	\$ _____

**INSTRUCTIONS FOR COMPLETION OF FORM 1
MCH BUDGET DETAILS FOR FY _____**

- Line 1. Enter the amount of the Federal MCHB grant award for this project.
- Line 2. Enter the amount of carryover (e.g., unobligated balance) from the previous year's award, if any. New awards do not enter data in this field, since new awards will not have a carryover balance.
- Line 3. If matching funds are required for this grant program list the amounts by source on lines 3A through 3E as appropriate. Where appropriate, include the dollar value of in-kind contributions.
- Line 4. Enter the amount of other funds received for the project, by source on Lines 4A through 4E, specifying amounts from each source. Also include the dollar value of in-kind contributions.
- Line 5. Displays the sum of lines 1 through 4.
- Line 6. Enter the amount of other Federal funds received on the appropriate lines (A.1 through C.12) **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts.
- Line 6C.1. Enter only project funds from the Center for Medicare and Medicaid Services. Exclude Medicaid reimbursement, which is considered Program Income and should be included on Line 3C or 4C.
- If lines 6A.8-10, 6B .4-6, or 6C.10-12 are utilized, specify the source(s) of the funds in the order of the amount provided, starting with the source of the most funds. .
- Line 7. Displays the sum of lines in 6A.1 through 6C.12.

**FORM 2
 PROJECT FUNDING PROFILE**

	<u>FY</u>		<u>FY</u>		<u>FY</u>		<u>FY</u>		<u>FY</u>	
	<u>Budgeted</u>	<u>Expended</u>								
1 <u>MCHB Grant Award Amount</u> <i>Line 1, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2 <u>Unobligated Balance</u> <i>Line 2, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3 <u>Matching Funds (If required)</u> <i>Line 3, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4 <u>Other Project Funds</u> <i>Line 4, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5 <u>Total Project Funds</u> <i>Line 5, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6 <u>Total Federal Collaborative Funds</u> <i>Line 7, Form 2</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 2 PROJECT FUNDING PROFILE

Instructions:

Complete all required data cells. If an actual number is not available, use an estimate. Explain all estimates in a note.

The form is intended to provide funding data at a glance on the estimated budgeted amounts and actual expended amounts of an MCH project.

For each fiscal year, the data in the columns labeled Budgeted on this form are to contain the same figures that appear on the Application Face Sheet (for a non-competing continuation) or the Notice of Award (for a performance report). The lines under the columns labeled Expended are to contain the actual amounts expended for each grant year that has been completed.

FORM 4
PROJECT BUDGET AND EXPENDITURES
By Types of Services

<u>TYPES OF SERVICES</u>	FY _____		FY _____	
	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
I. <u>Direct Health Care Services</u> (Basic Health Services and Health Services for CSHCN.)	\$ _____	\$ _____	\$ _____	\$ _____
II. <u>Enabling Services</u> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC and Education.)	\$ _____	\$ _____	\$ _____	\$ _____
III. <u>Population-Based Services</u> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
IV. <u>Infrastructure Building Services</u> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ _____	\$ _____	\$ _____	\$ _____
V. <u>TOTAL</u>	\$ _____	\$ _____	\$ _____	\$ _____

**INSTRUCTIONS FOR THE COMPLETION OF FORM 4
PROJECT BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

Complete all required data cells for all years of the grant. If an actual number is not available, make an estimate. Please explain all estimates in a note. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on lines I, II, III or IV. If an estimate of administrative funds use is necessary, one method would be to allocate those dollars to Lines I, II, III and IV at the same percentage as program dollars are allocated to Lines I through IV.

Note: Lines I, II and III are for projects providing services. If grant funds are used to build the infrastructure for direct care delivery, enabling or population-based services, these amounts should be reported in Line IV (i.e., building data collection capacity for newborn hearing screening).

Line I Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Line II Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Line III Population-Based Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Population Based Services are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Line IV Infrastructure Building Services - enter the budgeted and expended amounts for the appropriate fiscal year completed and budget estimates only for all other years.

Infrastructure Building Services are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Line V Total – Displays the total amounts for each column, budgeted for each year and expended for each year completed.

- B. Continuing Grants ONLY
1. Experience to Date (For continuing projects ONLY):

2. Website URL and annual number of hits

V. KEY WORDS

VI. ANNOTATION

INSTRUCTIONS FOR THE COMPLETION OF FORM 6 PROJECT ABSTRACT

NOTE: All information provided should fit into the space provided in the form. The completed form should be no more than 3 pages in length. Where information has previously been entered in forms 1 through 5, the information will automatically be transferred electronically to the appropriate place on this form.

Section I – Project Identifier Information

Project Title: Displays the title for the project.

Project Number: Displays the number assigned to the project (e.g., the grant number)

E-mail address: Displays the electronic mail address of the project director

Section II – Budget - These figures will be transferred from Form 1, Lines 1 through 5.

Section III - Types of Services

Indicate which type(s) of services your project provides, checking all that apply.

Section IV – Program Description OR Current Status (DO NOT EXCEED THE SPACE PROVIDED)

A. New Projects only are to complete the following items:

1. A brief description of the project and the problem it addresses, such as preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs.
2. Provide up to 5 goals of the project, in priority order. Examples are: To reduce the barriers to the delivery of care for pregnant women, to reduce the infant mortality rate for minorities and “services or system development for children with special healthcare needs.” MCHB will capture annually every project’s top goals in an information system for comparison, tracking, and reporting purposes; you must list at least 1 and no more than 5 goals. For each goal, list the two most important objectives. The objective must be specific (i.e., decrease incidence by 10%) and time limited (by 2005).
3. Displays the primary Healthy people 2010 goal(s) that the project addresses.
4. Describe the programs and activities used to attain the goals and objectives, and comment on innovation, cost, and other characteristics of the methodology, proposed or are being implemented. Lists with numbered items can be used in this section.
5. Describe the coordination planned and carried out, in the space provided, if applicable, with appropriate State and/or local health and other agencies in areas(s) served by the project.
6. Briefly describe the evaluation methods that will be used to assess the success of the project in attaining its goals and objectives.

B. For continuing projects ONLY:

1. Provide a brief description of the major activities and accomplishments over the past year (not to exceed 200 words).
2. Provide website and number of hits annually, if applicable.

Section V – Key Words

Provide up to 10 key words to describe the project, including populations served. Choose key words from the included list.

Section VI – Annotation

Provide a three- to five-sentence description of your project that identifies the project’s purpose, the needs and problems, which are addressed, the goals and objectives of the project, the activities, which will be used to attain the goals, and the materials, which will be developed.

FORM 7
DISCRETIONARY GRANT PROJECT
SUMMARY DATA

- 1. Project Service Focus**
 Urban/Central City Suburban Metropolitan Area (city & suburbs)
 Rural Frontier Border (US-Mexico)

- 2. Project Scope**
 Local Multi-county State-wide
 Regional National

- 3. Grantee Organization Type**
 State Agency
 Community Government Agency
 School District
 University/Institution Of Higher Learning (Non-Hospital Based)
 Academic Medical Center
 Community-Based Non-Governmental Organization (Health Care)
 Community-Based Non-Governmental Organization (Non-Health Care)
 Professional Membership Organization (Individuals Constitute Its Membership)
 National Organization (Other Organizations Constitute Its Membership)
 National Organization (Non-Membership Based)
 Independent Research/Planning/Policy Organization
 Other _____

- 4. Project Infrastructure Focus (from MCH Pyramid) if applicable**
 Guidelines/Standards Development And Maintenance
 Policies And Programs Study And Analysis
 Synthesis Of Data And Information
 Translation Of Data And Information For Different Audiences
 Dissemination Of Information And Resources
 Quality Assurance
 Technical Assistance
 Training
 Systems Development
 Other

Indicate the service level:

<input type="checkbox"/> Direct Health Care Services	<input type="checkbox"/> Population-Based Services
<input type="checkbox"/> Enabling Services	<input type="checkbox"/> Infrastructure Building Services

	RACE (Indicate all that apply)							ETHNICITY				
	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than One Race	Unrecorded	Total	Hispanic or Latino	Not Hispanic or Latino	Unrecorded	Total
Pregnant Women (All Ages)												
Infants <1 year												
Children and Youth 1 to 25 years												
CSHCN Infants <1 year												
CSHCN Children and Youth 1 to 25 years												
Women 25+ years												
Men 25+												
TOTALS												

6. Clients' Primary Language(s)

7. Resource/TA and Training Centers ONLY

Answer all that apply.

- a. Characteristics of Primary Intended Audience(s)
 - Policy Makers/Public Servants
 - Consumers
- Providers/Professionals
- b. Number of Requests Received/Answered: _____/_____
- c. Number of Continuing Education credits provided: _____
- d. Number of Individuals/Participants Reached: _____
- e. Number of Organizations Assisted: _____
- f. Major Type of TA or Training Provided:
 - continuing education courses,
 - workshops,
 - on-site assistance,
 - distance learning classes
 - other

INSTRUCTIONS FOR THE COMPLETION OF FORM 7 PROJECT SUMMARY

Section 1 – Project Service Focus

Select all that apply

Section 2 – Project Scope

Choose the one that best applies to your project.

Section 3 – Grantee Organization Type

Choose the one that best applies to your organization.

Section 4 – Project Infrastructure Focus

If applicable, choose all that apply.

Section 5 – Demographic Characteristics of Project Participants

Indicate the service level for the grant program. Multiple selections may be made. Infrastructure cannot be selected by itself; it must be selected with another service level. Please fill in each of the cells as appropriate.

Direct Health Care Services are those services generally delivered one-on-one between a health professional and a patient in an office, clinic or emergency room which may include primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians. Basic services include what most consider ordinary medical care, inpatient and outpatient medical services, allied health services, drugs, laboratory testing, x-ray services, dental care, and pharmaceutical products and services. State Title V programs support - by directly operating programs or by funding local providers - services such as prenatal care, child health including immunizations and treatment or referrals, school health and family planning. For CSHCN, these services include specialty and sub-specialty care for those with HIV/AIDS, hemophilia, birth defects, chronic illness, and other conditions requiring sophisticated technology, access to highly trained specialists, or an array of services not generally available in most communities.

Enabling Services allow or provide for access to and the derivation of benefits from, the array of basic health care services and include such things as transportation, translation services, outreach, respite care, health education, family support services, purchase of health insurance, case management, coordination of with Medicaid, WIC and educations. These services are especially required for the low income, disadvantaged, geographically or culturally isolated, and those with special and complicated health needs. For many of these individuals, the enabling services are essential - for without them access is not possible. Enabling services most commonly provided by agencies for CSHCN include transportation, care coordination, translation services, home visiting, and family outreach. Family support activities include parent support groups, family training workshops, advocacy, nutrition and social work.

Population Based Services are preventive interventions and personal health services, developed and available for the entire MCH population of the State rather than for individuals in a one-on-one situation. Disease prevention, health promotion, and statewide outreach are major components. Common among these services are newborn screening, lead screening, immunization, Sudden Infant Death Syndrome counseling, oral health, injury prevention, nutrition and outreach/public education. These services are generally available whether the mother or child receives care in the private or public system, in a rural clinic or an HMO, and whether insured or not.

Infrastructure Building Services are the base of the MCH pyramid of health services and form its foundation. They are activities directed at improving and maintaining the health status of all women and children by providing support for development and maintenance of comprehensive health services systems and resources including development and maintenance of health services standards/guidelines, training, data and planning systems. Examples include needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, information systems and systems of care. In the

development of systems of care it should be assured that the systems are family centered, community based and culturally competent.

Section 6 – Clients Primary Language(s)

Indicate which languages your clients speak as their primary language, other than English, for the data provided in Section 6. List up to three languages.

Section 7 – Resource/TA and Training Centers (Only)

Answer all that apply.

07 PERFORMANCE MEASURE

The degree to which MCHB-funded programs ensure family, youth, and consumer participation in program and policy activities.

Goal 1: Provide National Leadership for MCHB (Promote family participation in care)

Level: Grantee

Category: Family/Youth/Consumer Participation

GOAL

To increase family/youth/consumer participation in MCHB programs.

MEASURE

The degree to which MCHB-funded programs ensure family/youth/consumer participation in program and policy activities.

DEFINITION

Attached is a checklist of eight elements that demonstrate family participation, including an emphasis on family-professional partnerships and building leadership opportunities for families and consumers in MCHB programs. Please check the degree to which the elements have been implemented.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Objective 16.23. Increase the proportion of Territories and States that have service systems for Children with Special Health Care Needs to 100 percent.

DATA SOURCE(S) AND ISSUES

Attached data collection form is to be completed by grantees.

SIGNIFICANCE

Over the last decade, policy makers and program administrators have emphasized the central role of families and other consumers as advisors and participants in policy-making activities. In accordance with this philosophy, MCHB is facilitating such partnerships at the local, State and national levels.

Family/professional partnerships have been incorporated into the MCHB Block Grant Application, the MCHB strategic plan. Family/professional partnerships are a requirement in the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) and part of the legislative mandate that health programs supported by Maternal and Child Health Bureau (MCHB) Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.

DATA COLLECTION FORM FOR DETAIL SHEET #07

Using a scale of 0-3, please rate the degree to which the grant program has included families, youth, and consumers into their program and planning activities. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

0	1	2	3	Element
				1. Family members/youth/consumers participate in the planning, implementation and evaluation of the program's activities at all levels, including strategic planning, program planning, materials development, program activities, and performance measure reporting.
				2. Culturally diverse family members/youth/consumers facilitate the program's ability to meet the needs of the populations served.
				3. Family members/youth/consumers are offered training, mentoring, and opportunities to lead advisory committees or task forces.
				4. Family members/youth/consumers who participate in the program are compensated for their time and expenses.
				5. Family members/youth/consumers participate on advisory committees or task forces to guide program activities.
				6. Feedback on policies and programs is obtained from families/youth/consumers through focus groups, feedback surveys, and other mechanisms as part of the project's continuous quality improvement efforts.
				7. Family members/youth/consumers work with their professional partners to provide training (pre-service, in-service and professional development) to MCH/CSHCN staff and providers.
				8. Family /youth/consumers provide their perspective to the program as paid staff or consultants.

- 0=Not Met
- 1=Partially Met
- 2=Mostly Met
- 3=Completely Met

Total the numbers in the boxes (possible 0-24 score) _____

NOTES/COMMENTS:

10 PERFORMANCE MEASURE

**Goal 2: Eliminate Health Barriers & Disparities
(Develop and promote health services and
systems of care designed to eliminate disparities
and barriers across MCH populations)**

Level: Grantee

Category: Cultural Competence

The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.

GOAL

To increase the number of MCHB-funded programs that have integrated cultural and linguistic competence into their policies, guidelines, contracts and training.

MEASURE

The degree to which MCHB-funded programs have incorporated cultural and linguistic competence elements into their policies, guidelines, contracts and training.

DEFINITION

Attached is a checklist of 10 elements that demonstrate cultural and linguistic competency. Please check the degree to which the elements have been implemented. The answer scale for the entire measure is 0-30. Please keep the completed checklist attached.

Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989; cited from DHHS Office of Minority Health--
<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=11>)

Linguistic competence is the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to

support this capacity. (Goode, T. and W. Jones, 2004. National Center for Cultural Competence; <http://www.ncccurricula.info/linguisticcompetence.html>)

Cultural and linguistic competency is a process that occurs along a developmental continuum. A culturally and linguistically competent program is characterized by elements including the following: written strategies for advancing cultural competence; cultural and linguistic competency policies and practices; cultural and linguistic competence knowledge and skills building efforts; research data on populations served according to racial, ethnic, and linguistic groupings; participation of community and family members of diverse cultures in all aspects of the program; faculty and other instructors are racially and ethnically diverse; faculty and staff participate in professional development activities related to cultural and linguistic competence; and periodic assessment of trainees' progress in developing cultural and linguistic competence.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to the following HP2010 Objectives:

16.23: Increase the proportion of States and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

23.9: (Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.

23.11:(Developmental) Increase the proportion of State and local public health agencies that meet national performance standards for essential public health services.

23.15: (Developmental) Increase the proportion of Federal, Tribal, State, and local jurisdictions that review and evaluate the extent to which their statutes, ordinances, and bylaws assure the delivery of essential public health services.

DATA SOURCE(S) AND ISSUES

Attached data collection form is to be completed by grantees.

There is no existing national data source to measure the extent to which MCHB supported programs have incorporated cultural competence elements into their policies, guidelines, contracts and training.

SIGNIFICANCE

Over the last decade, researchers and policymakers have emphasized the central influence of cultural

values and cultural/linguistic barriers: health seeking behavior, access to care, and racial and ethnic disparities. In accordance with these concerns, cultural competence objectives have been: (1) incorporated into the MCHB strategic plan; and (2) in guidance materials related to the Omnibus Budget Reconciliation Act of 1989 (OBRA '89), which is the legislative mandate that health programs supported by MCHB Children with Special Health Care Needs (CSHCN) provide and promote family centered, community-based, coordinated care.

DATA COLLECTION FORM FOR DETAIL SHEET #10

Using a scale of 0-3, please rate the degree to which your grant program has incorporated the following cultural/linguistic competence elements into your policies, guidelines, contracts and training.

Please use the space provided for notes to describe activities related to each element, detail data sources and year of data used to develop score, clarify any reasons for score, and or explain the applicability of elements to program.

0	1	2	3	Element
				1. Strategies for advancing cultural and linguistic competency are integrated into your program's written plan(s) (e.g., grant application, recruiting plan, placement procedures, monitoring and evaluation plan, human resources, formal agreements, etc.).
				2. There are structures, resources, and practices within your program to advance and sustain cultural and linguistic competency.
				3. Cultural and linguistic competence knowledge and skills building are included in training aspects of your program.
				4. Research or program information gathering includes the collection and analysis of data on populations served according to racial, ethnic, and linguistic groupings, where appropriate.
				5. Community and family members from diverse cultural groups are partners in planning your program.
				6. Community and family members from diverse cultural groups are partners in the delivery of your program.
				7. Community and family members from diverse cultural groups are partners in evaluation of your program.
				8. Staff and faculty reflect cultural and linguistic diversity of the significant populations served.
				9. Staff and faculty participate in professional development activities to promote their cultural and linguistic competence.
				10. A process is in place to assess the progress of your program participants in developing cultural and linguistic competence.

- 0 = Not Met
- 1 = Partially Met
- 2 = Mostly Met
- 3 = Completely Met

Total the numbers in the boxes (possible 0-30 score) _____

NOTES/COMMENTS:

24 PERFORMANCE MEASURE

Goal 4: Improve the Health Infrastructure and Systems of Care
(Assist States and communities to plan and develop comprehensive, integrated health service systems)
Level: State, Community, or Grantee
Category: Infrastructure

The degree to which MCHB-funded initiatives contribute to infrastructure development through core public health assessment, policy development and assurance functions.

GOAL

To develop infrastructure that supports comprehensive and integrated services.

MEASURE

The degree to which MCHB-supported initiatives contribute to the implementation of the 10 MCH Essential Services and Core Public Health Program Functions of assessment, policy development and assurance.

DEFINITION

Attached is a checklist of 10 elements that comprise infrastructure development services for maternal and child health populations. Please score the degree to which each your program contributes to the implementation of each of these elements Each element should be scored 0-2, with a maximum total score of 20 across all elements.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Healthy People Goal 23, Objective 12 (23.12): Increase the proportion of tribes, States, and local health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have a health improvement plan linked with their State plan.

DATA SOURCE(S) AND ISSUES

Attached data collection form to be completed by grantees based on activities they are directly engaged in or that they contribute to the implementation of by other MCH grantees or programs.

SIGNIFICANCE

Improving the health infrastructure and systems of care is one of the five goals of MCHB. There are five strategies under this goal, all of which are addressed in a number of MCHB initiatives which focus on system-building and infrastructure development. These five strategies follow:

Build analytic capacity for assessment, planning,

and evaluation.

Using the best available evidence, develop and promote guidelines and practices that improve services and systems of care.

Assist States and communities to plan and develop comprehensive, integrated health service systems.

Work with States and communities to assure that services and systems of care reach targeted populations.

Work with States and communities to address selected issues within targeted populations.

The ten elements in this measure are comparable to the 10 Essential Public Health Services outlined in Grason H, Guyer B, 1995. *Public MCH Program Functions Framework: Essential Public Health Services to Promote Maternal and Child Health in America*. Baltimore, MD: The Women's and Children's Health Policy Center, The Johns Hopkins University.

DATA COLLECTION FORM FOR DETAIL SHEET #24

Use the scale below to describe the extent to which your program or initiative has contributed to the implementation of each of the following Public MCH Program core function activities at the local, State, or national level. Please use the space provided for notes to clarify reasons for score

0	1	2	Element
Assessment Function Activities			
			1. Assessment and monitoring of maternal and child health status to identify and address problems, including a focus on addressing health disparities [Examples of activities include: developing frameworks, methodologies, and tools for standardized MCH data in public and private sectors; implementing population-specific accountability for MCH components of data systems, and analysis, preparation and reporting on trends of MCH data and health disparities among subgroups.]
			2. Diagnosis and investigation health problems and health hazards affecting maternal and child health populations [Examples of activities include conduct of population surveys and reports on risk conditions and behaviors, identification of environmental hazards and preparation of reports on risk conditions and behaviors.]
			3. Informing and educating the public and families about MCH issues.
Policy Development Function Activities			
			4. Mobilization of community collaborations and partnerships to identify and solve MCH problems. [Examples of stakeholders to be involved in these partnerships include: policymakers, health care providers, health care insurers and purchasers, families, and other MCH care consumers.]
			5. Provision of leadership for priority setting, planning and policy development to support community efforts to assure the health of maternal and child health populations.
			6. Promotion and enforcement of legal requirements that protect the health and safety of maternal and child health populations.
Assurance Function Activities			
			7. Linkage of maternal and child health populations to health and other community and family services, and assuring access to comprehensive quality systems of care
			8. Assuring the capacity and competency of the public health and personal health workforce to effectively and efficiently address MCH needs.
			9. Evaluate the effectiveness, accessibility and quality of direct, enabling and population-based preventive MCH services
		\	10. Research and demonstrations to gain new insights and innovative solutions to MCH-related issues and problems

0 = Grantee does not provide or contribute to the provision of this activity.
 1 = Grantee sometimes provides or contributes to the provision of this activity.
 2 = Grantee regularly provides or contributes to the provision of this activity
 Total the numbers in the boxes (possible 0–20 score): _____

NOTES/COMMENTS:

31 PERFORMANCE MEASURE

Goal 4: Improve the Health Infrastructure and Systems of Care

(Assist States and communities to plan and develop comprehensive, integrated service systems for MCH populations)

Level: Grantee

Category: Infrastructure

The degree to which grantees have assisted States and communities in planning and implementing comprehensive, coordinated care for MCH populations.

GOAL

To assure access to integrated community systems of care for MCH populations.

MEASURE

The degree to which grantees have assisted in developing integrated systems of care for MCH populations.

DEFINITION

Attached are checklists of elements that demonstrate the degree to which grantees have assisted in developing integrated systems of care for MCH populations. The first checklist addresses defined activities in the area of collaboration and coordination, and the second allows grantees to identify activities in the area of providing support to communities. Please check the degree to which the elements have been implemented.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Objective 16.23: Increase the proportion of States and jurisdictions that have service systems for all children, including children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

DATA SOURCE(S) AND ISSUES

Attached data collection forms to be completed by grantees.

The National CSHCN Survey will provide national and State estimates on the extent to which families perceive that integrated community systems of care are available to their child with a special health care need.

SIGNIFICANCE

Families and service agencies have identified major challenges confronting families in accessing coordinated health and related services that families need. Differing eligibility criteria, duplication and gaps in services, inflexible funding streams and poor coordination among service agencies are concerns across most States. This effort should provide model strategies for addressing these issues.

DATA COLLECTION FORM FOR DETAIL SHEET #31

Using the scale below, indicate the degree to which your grant has assisted in developing and implementing an integrated system of care for MCH populations. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

Indicate the population and age group served:

Pregnant Women _____ Children _____ Adolescents _____ Children with Special Health Care Needs Only _____

0	1	2	3	Element
				1. Collaboration with Other Public Agencies and Private Organizations on the State Level: The grantee has assisted in establishing and maintaining an ongoing interagency collaborative process for the assessment of needs and assets and the provision of services within a community-based system of care for MCH populations. The programs collaborate with other agencies and organizations in the formulation of coordinated policies, standards, data collection and analysis, financing of services, and program monitoring to assure comprehensive, coordinated services.
				2. Collaboration with Other Public Agencies and Private Organizations on the Local Level: The grantee has assisted in establishing and maintaining an ongoing interagency collaborative process for the assessment of needs and provision of services within a community-based system of care for MCH populations. The grantee facilitates electronic communication, integration of data, and coordination of services on the local level.
				3. Coordination of Components of Community-Based Systems: The grantee has assisted in the development of a mechanism in communities across the State for coordination of health and essential services across agencies and organizations. This includes coordination among providers of primary care, habilitative services, other specialty medical treatment services, mental health services, early care and education, parenting education, family support, and home health care.
				4. Coordination of Health Services with Other Services at the Community Level: The grantee has assisted in the development of a mechanism in communities across the State for coordination and services integration among programs including early intervention and special education, social services, and family support services.

- 0=Not Met
- 1=Partially Met
- 2=Mostly Met
- 3=Completely Met

Total the numbers in the boxes (possible 0-12 score) _____

NOTES/COMMENTS:

Support for Communities				
0	1	2	3	Activity
				1. Technical assistance and consultation
				2. Education and training
				3. Common data protocols
				4. Financial resources for communities engaged in systems development

0 = Not Met
 1 = Partially Met
 2 = Mostly Met
 3 = Completely Met

Total the numbers in the boxes (possible 0-12 score)_____

NOTES/COMMENTS:

33 PERFORMANCE MEASURE

The degree to which MCHB-funded initiatives work to promote sustainability of their programs or initiatives beyond the life of MCHB funding.

Goal 4: Improve the Health Infrastructure and Systems of Care (Assist States and communities to plan and develop comprehensive, integrated health service systems)

Level: Grantee

Category: Infrastructure

GOAL

To develop infrastructure that supports comprehensive and integrated systems of care for maternal and child health at the local and/or state level.

MEASURE

The degree to which MCHB grantees are planning and implementing strategies to sustain their programs once initial MCHB funding ends.

DEFINITION

Attached is a checklist of nine actions or strategies that build toward program sustainability. Please check the degree to which each of the elements is being planned or carried out by your program, using the three-point scale. The maximum total score for this measure would be 27 across all elements.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Healthy People Goal 23, Objective 12 (23.12): Increase the proportion of Tribes, States, and local health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have a health improvement plan linked with their State plan.

DATA SOURCE(S) AND ISSUES

Attached is a data collection form to be completed by grantees. Since these actions and their outcomes are necessarily progressive over time from the beginning to the end of a program funding period, grantees' ratings on each element are expected to begin lower in the first year of grant award and increase over time.

SIGNIFICANCE

In recognition of the increasing call for recipients of public funds to sustain their programs after initial funding ends, MCHB encourages grantees to work toward sustainability throughout their grant periods. A number of different terms and explanations have been used as operational components of sustainability. These components

fall into four major categories, each emphasizing a distinct focal point as being at the heart of the sustainability process: (1) adherence to program principles and objectives, (2) organizational integration, (3) maintenance of health benefits, and (4) State or community capacity building. Specific recommended actions that can help grantees build toward each of these four sustainability components are included as the data elements for this PM.

DATA COLLECTION FORM FOR DETAIL SHEET #33

Use the scale below to rate the degree to which your program has taken the following actions to promote sustainability of your program or initiative. Since these actions and their outcomes are necessarily progressive over the funding period, the ratings are expected to begin lower and progress over the grant period.

Please use the space provided for notes to clarify reasons for score.

0	1	2	3	Element
				1. A written sustainability plan is in place within two years of the MCHB grant award, with goals, objectives, action steps, and timelines to monitor plan progress.
				2. Staff and leaders in the organization engage and build partnerships with consumers, and other key stakeholders in the community, in the early project planning, and in sustainability planning and implementation processes.
				3. There is support for the MCHB-funded program or initiative within the parent agency or organization, including from individuals with planning and decision making authority.
				4. There is an advisory group or a formal board that includes family, community and state partners, and other stakeholders who can leverage resources or otherwise help to sustain the successful aspects of the program or initiative.
				5. The program's successes and identification of needs are communicated within and outside the organization among partners and the public, using various internal communication, outreach and marketing strategies.
				6. The grantee identified, actively sought, and obtained other funding sources and in-kind resources to sustain the program or initiative.
				7. Policies and procedures developed for the successful aspects of the program or initiative are incorporated into the parent or another organization's system of programs and services.
				8. The responsibilities for carrying out key successful aspects of the program or initiative have begun to be transferred to permanent staff positions in other ongoing programs or organizations.
				9. The grantee has secured financial or in-kind support from within the parent organization or external organizations to sustain the successful aspects of the MCHB-funded program or initiative.

- 0 = Not Met
- 1 = Partially Met
- 2 = Mostly Met
- 3 = Completely Met

Total the numbers in the boxes (possible 0–27 score): _____

NOTES/COMMENTS:

41 PERFORMANCE MEASURE

The degree to which grantees have assisted in developing, supporting, and promoting medical homes for MCH populations.

**Goal 3: Ensure Quality of Care
(Develop and promote health services and systems designed to improve quality of care)
Level: National
Category: Medical Home**

GOAL

To increase the prevalence of medical homes within the systems that serve MCH populations.

MEASURE

The degree to which grantees have assisted in developing and supporting systems of care for MCH populations that promote the medical home.

DEFINITION

Attached is a set of five categories with a total of 24 elements that contribute to a family/patient-centered, accessible, comprehensive, continuous, and compassionate system of care for MCH populations. Please use the space provided for notes to describe activities related to each element and clarify reasons for score.

HEALTHY PEOPLE 2010 OBJECTIVE

Related to Objective 16.22 (Developmental): Increase the proportion of CSCHN who have access to a medical home.

DATA SOURCE(S) AND ISSUES

Attached is a data collection form to be completed by grantees. The data collection form presents a range of activities that contribute to the development of medical homes for MCH populations.

SIGNIFICANCE

Providing primary care to children in a “medical home” is the standard of practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventive care and immunizations, less likely to be hospitalized for preventable conditions, and more likely to be diagnosed early for chronic or disabling conditions. Data collected for this measure would help to ensure that children have access to a medical home and help to document the performance of several programs, including EPSDT, immunization, and IDEA in reaching that goal.

DATA COLLECTION FORM FOR DETAIL SHEET #41

Using the scale below, indicate the degree to which your grant has assisted in the development and implementation of medical homes for MCH populations. Please use the space below to indicate the year the score is reported for and clarify reasons for the score.

Indicate population: pregnant and postpartum women, infants, children, children with special health care needs, adolescents

(While this is a single performance measure, for analytic purposes each of the categories will be scored as an independent measure. Grantees may identify specific categories as not applicable to their grant program by selecting a score of 0 for every item within the category.)

0	1	2	3	Element
Category A: Establishing and Supporting Medical Home Practice Sites				
				1. The grantee has conducted needs and capacity assessments to assess the adequacy of the supply of medical homes in their community, state, or region.
				2. The grantee has recruited health care providers to become the medical homes.
				3. The grantee has developed or adapted training curricula for primary care providers in the medical home concept.
				4. The grantee has provided training to health care providers in the definition and implementation of the medical home and evaluated its effectiveness.
				5. The grantee has assisted practice sites in implementing health information technologies in support of the medical home.
				6. The grantee has developed/implemented tools for the monitoring and improvement of quality within medical homes.
				7. The grantee has disseminated validated tools such as the Medical Home Index to practice sites and trained providers in their use.
				8. The grantee has developed/implemented quality improvement activities to support medical home implementation.
Category A Subtotal (possible 0-24):				
Category B: Developing and Disseminating Information and Policy Development Tools: The grantee has developed tools for the implementation of the medical home and promoted the medical home through policy development				
				9. Referral resource guides
				10. Coordination protocols
				11. Screening tools

0	1	2	3	Element
				12. Web sites
				13. The grantee has developed and promoted policies, including those concerning data-sharing, on the State or local level to support the medical home
				14. The grantee has provided information to policymakers in issues related to the medical home
Category B Subtotal (possible 0-18):				
Category C: Public Education and Information Sharing: The grantee has implemented activities to inform the public about the medical home and its features and benefits				
				15. The grantee has developed Web sites and/or other mechanisms to disseminate medical home information to the public.
				16. The grantee has provided social service agencies, families and other appropriate community-based organizations with lists of medical home sites.
				17. The grantee has engaged in public education campaigns about the medical home.
Category C Subtotal (possible 0-9):				
Category D: Partnership-Building Activities				
				18. The grantee has established a multidisciplinary advisory group, including families and consumers representative of the populations served, to oversee medical home activities
				19. The grantee has coordinated and/or facilitated communication among stakeholders serving MCH populations (e.g., WIC, domestic violence shelters, local public health departments, rape crisis centers, and ethnic/culturally-based community health organizations)
				20. The grantee has worked with the State Medicaid agency and other public and private sector purchasers on financing of the medical home.
				21. The grantee has worked with health care providers and social service agencies to implement integrated data systems.
Category D Subtotal (possible 0-12):				
Category E: Mentoring Other States and Communities				
				22. The degree to which the grantee has shared medical home tools with other communities and States.
				23. The degree to which the grantee has presented its experience establishing and supporting medical homes to officials of other communities, family champions, and/or States at national meetings

0	1	2	3	Element
				24. The degree to which the grantee has provided direct consultation to other States on policy or program development for medical home initiatives
Category E Subtotal (possible 0-9):				

- 0 = Not Met
- 1 = Partially Met
- 2 = Mostly Met
- 3 = Completely Met

Total the numbers in the boxes (possible 0-72 score)_____

NOTES/COMMENTS:

Products, Publications and Submissions Data Collection Form

Part 1

Instructions: Please list the number of products, publications and submissions addressing maternal and child health that have been published or produced by your staff during the reporting period (counting the original completed product or publication developed, not each time it is disseminated or presented). Products and Publications include the following types:

Type	Number
Peer-reviewed publications in scholarly journals – published (including peer-reviewed journal commentaries or supplements)	
Peer-reviewed publications in scholarly journals – submitted	
Books	
Book chapters	
Reports and monographs (including policy briefs and best practices reports)	
Conference presentations and posters presented	
Web-based products (Blogs, podcasts, Web-based video clips, wikis, RSS feeds, news aggregators, social networking sites)	
Electronic products (CD-ROMs, DVDs, audio or videotapes)	
Press communications (TV/Radio interviews, newspaper interviews, public service announcements, and editorial articles)	
Newsletters (electronic or print)	
Pamphlets, brochures, or fact sheets	
Academic course development	
Distance learning modules	
Doctoral dissertations/Master’s theses	
Other (Three may be entered)	

Part 2

Instructions: For each product, publication and submission listed in Part 1, complete all elements marked with an “*.”

Data collection form: Peer-reviewed publications in scholarly journals – published

*Title: _____

*Author(s): _____

*Publication: _____

*Volume: _____ *Number: _____ Supplement: _____ *Year: _____ *Page(s): _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL): _____

Key Words (No more than 5): _____

Notes: _____

Data collection form: Peer-reviewed publications in scholarly journals – submitted

*Title: _____

*Author(s): _____

*Publication: _____

*Year Submitted: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

Key Words (No more than 5): _____

Notes: _____

Data collection form: Books

*Title: _____

*Author(s): _____

*Publisher: _____

*Year Published: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

Key Words (No more than 5): _____

Notes: _____

Data collection form for: Book chapters

Note: If multiple chapters are developed for the same book, list them separately.

*Chapter Title: _____
*Chapter Author(s): _____
*Book Title: _____
*Book Author(s): _____
*Publisher: _____
*Year Published: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
Key Words (no more than 5): _____
Notes: _____

Data collection form: Reports and monographs

*Title: _____
*Author(s)/Organization(s): _____
*Year Published: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Conference presentations and posters presented

(This section is not required for MCHB Training grantees.)

*Title: _____
*Author(s)/Organization(s): _____
*Meeting/Conference Name: _____
*Year Presented: _____
*Type: Presentation Poster
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Web-based products

*Product: _____

*Year: _____

- *Type: Blogs Podcasts Web-based video clips
 Wikis RSS feeds News aggregators
 Social networking sites Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Electronic Products

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

- *Type: CD-ROMs DVDs Audio tapes
 Videotapes Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Press Communications

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

- *Type: TV interview Radio interview Newspaper interview
 Public service announcement Editorial article Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Newsletters

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Type: Electronic Print Both
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
*Frequency of distribution: Weekly Monthly Quarterly Annually Other (Specify)
Number of subscribers: _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Pamphlets, brochures or fact sheets

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Type: Pamphlet Brochure Fact Sheet
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Academic course development

*Title: _____
*Author(s)/Organization(s): _____
*Year: _____
*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___
*To obtain copies (URL or email): _____
Key Words (no more than 5): _____
Notes: _____

Data collection form: Distance learning modules

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Media Type: Blogs Podcasts Web-based video clips
 Wikis RSS feeds News aggregators
 Social networking sites CD-ROMs DVDs
 Audio tapes Videotapes Other (Specify)

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Data collection form: Doctoral dissertations/Master's theses

*Title: _____

*Author: _____

*Year Completed: _____

*Type: Doctoral dissertation Master's thesis

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____

Other

(Note, up to 3 may be entered)

*Title: _____

*Author(s)/Organization(s): _____

*Year: _____

*Describe product, publication or submission: _____

*Target Audience: Consumers/Families ___ Professionals ___ Policymakers ___ Students ___

*To obtain copies (URL or email): _____

Key Words (no more than 5): _____

Notes: _____